Monitoring global progress on implementation of Global Action Plan on Antimicrobial Resistance

World Health Organization

Results from Tripartite AMR Country Self-Assessment Surveys (TrACSS) 2019-2020

10 November 2020

Global Commitment - AMR

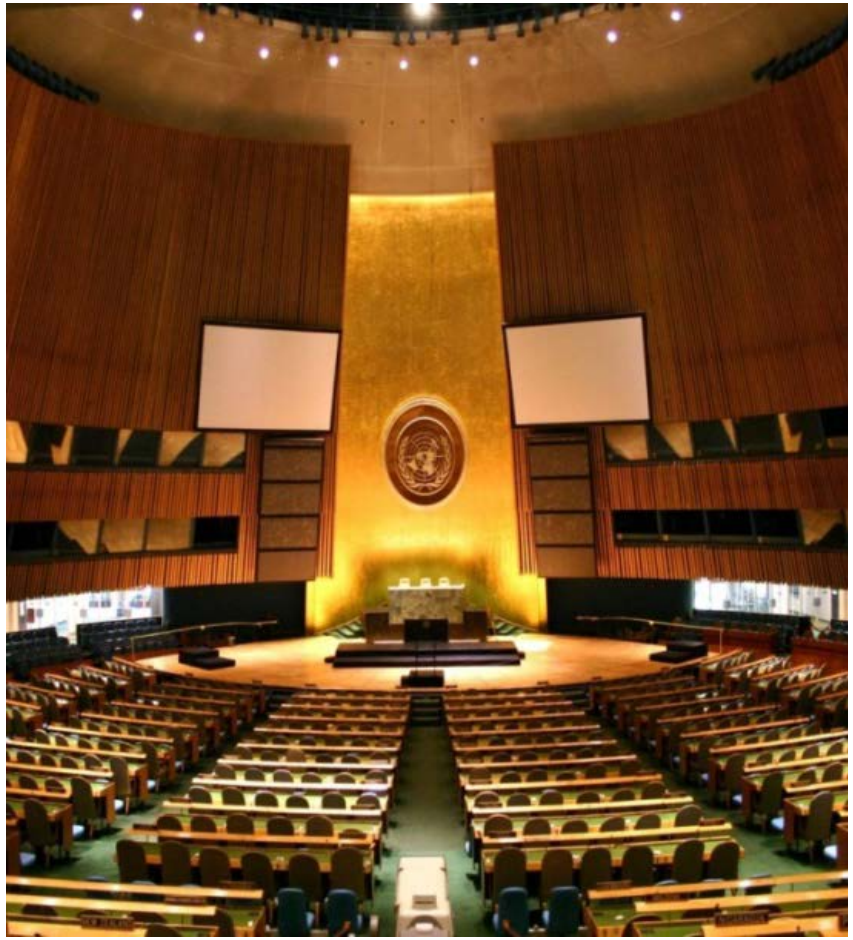
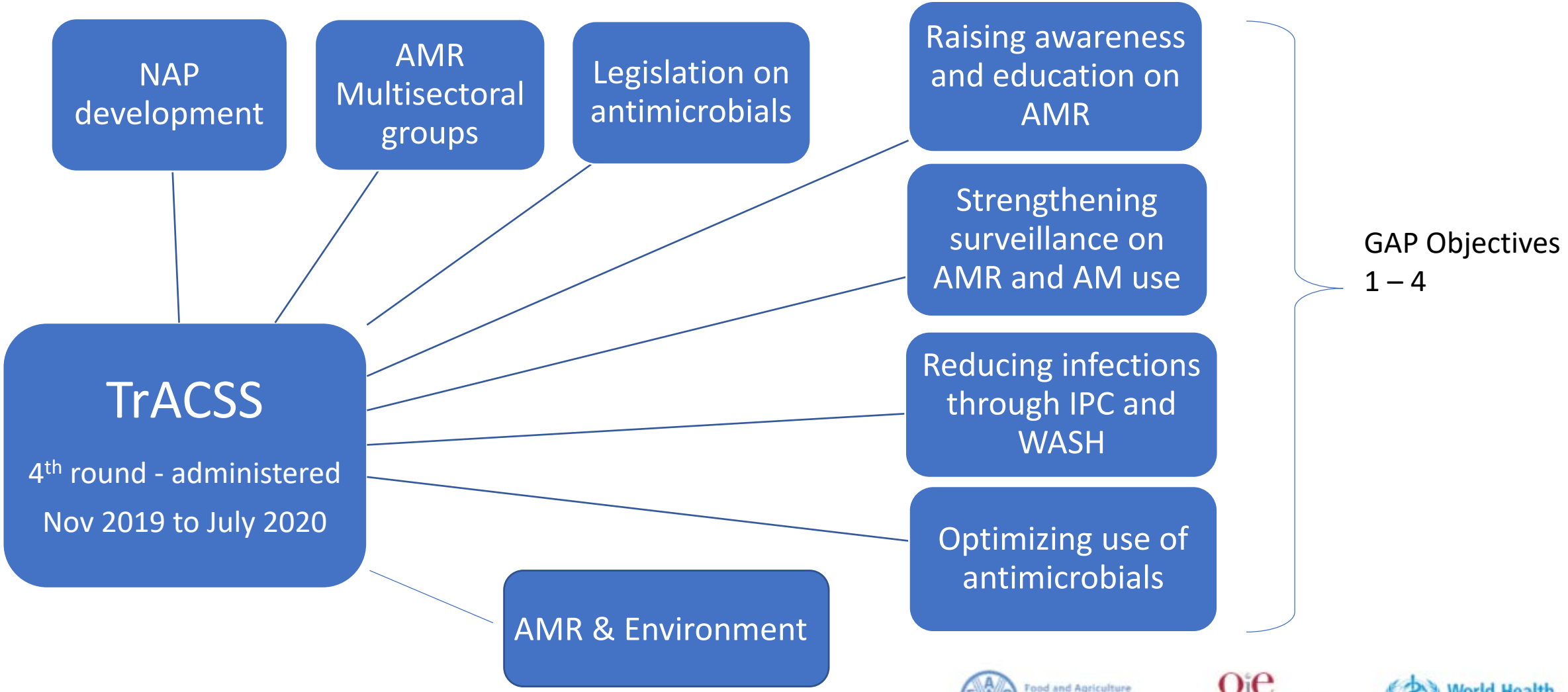


Image Source: UN General Assembly Hall, UN Photo Library

- Global Action Plans on AMR (GAP) adopted in 2015 by Tripartite organizations[1]
  - World Health Organization (WHO)
  - Food and Agriculture Organization of the United Nations (FAO)
  - World Organization for Animal Health (OIE)
- Further endorsed by UN General Assembly Political Declaration in 2016 [2]
- Countries were mandated to develop and implement national action plans (NAPs) on AMR based on GAP
- Tripartite AMR Country Self-Assessment Survey (TrACSS)[3] monitors the implementation of NAPs, and has been administered on an annual basis since 2016.

Tripartite AMR Country Self-Assessment Survey (TrACSS) – based on the GAP and monitors implementation of NAPs



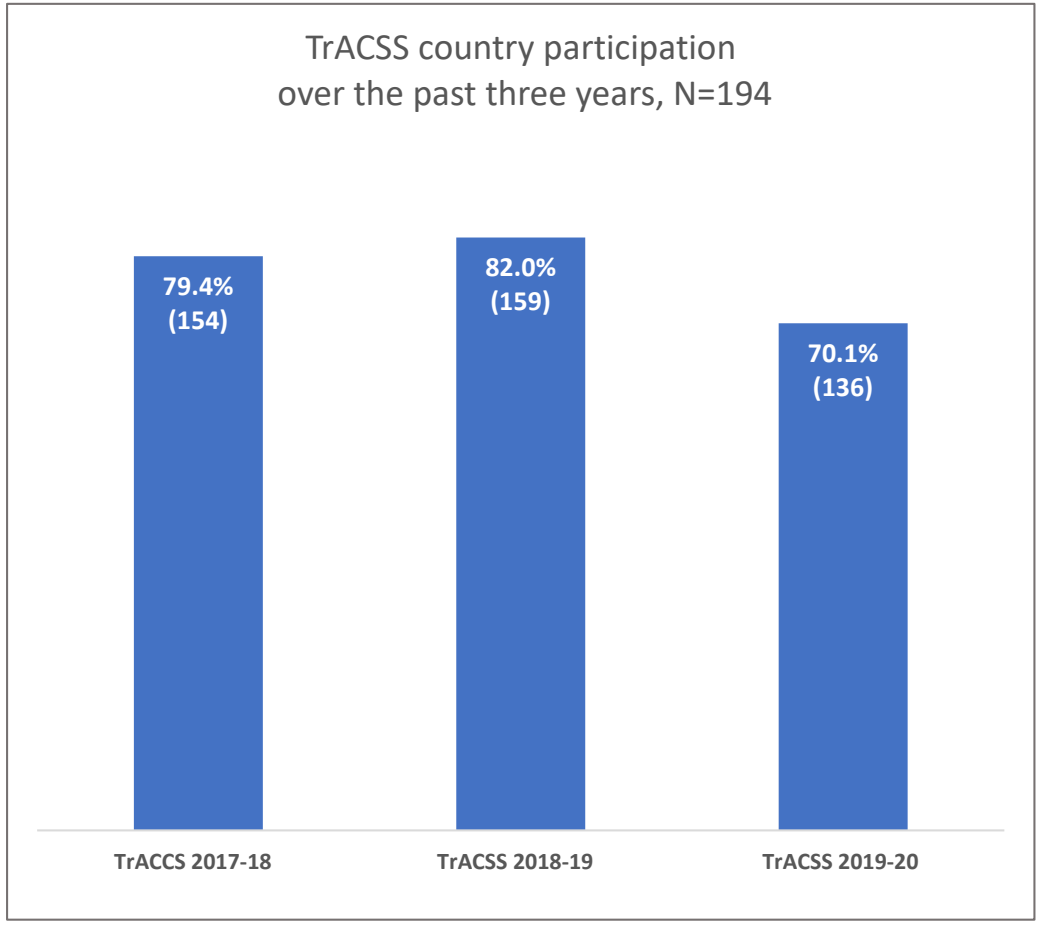
Tripartite AMR Country Self-Assessment Survey (TrACSS)

136 Member States (out of 194 WHO Member States) participated in 2019-2020 TrACSS

- 11.8% decrease in country responses compared to previous TrACSS round, probably due to COVID-19

TrACSS indicators are assessed on A-E scale, with C serving as threshold for 'nationwide implementation' for most indicators

Trend analysis of 115 countries that responded for the past three years looked at progress on indicators



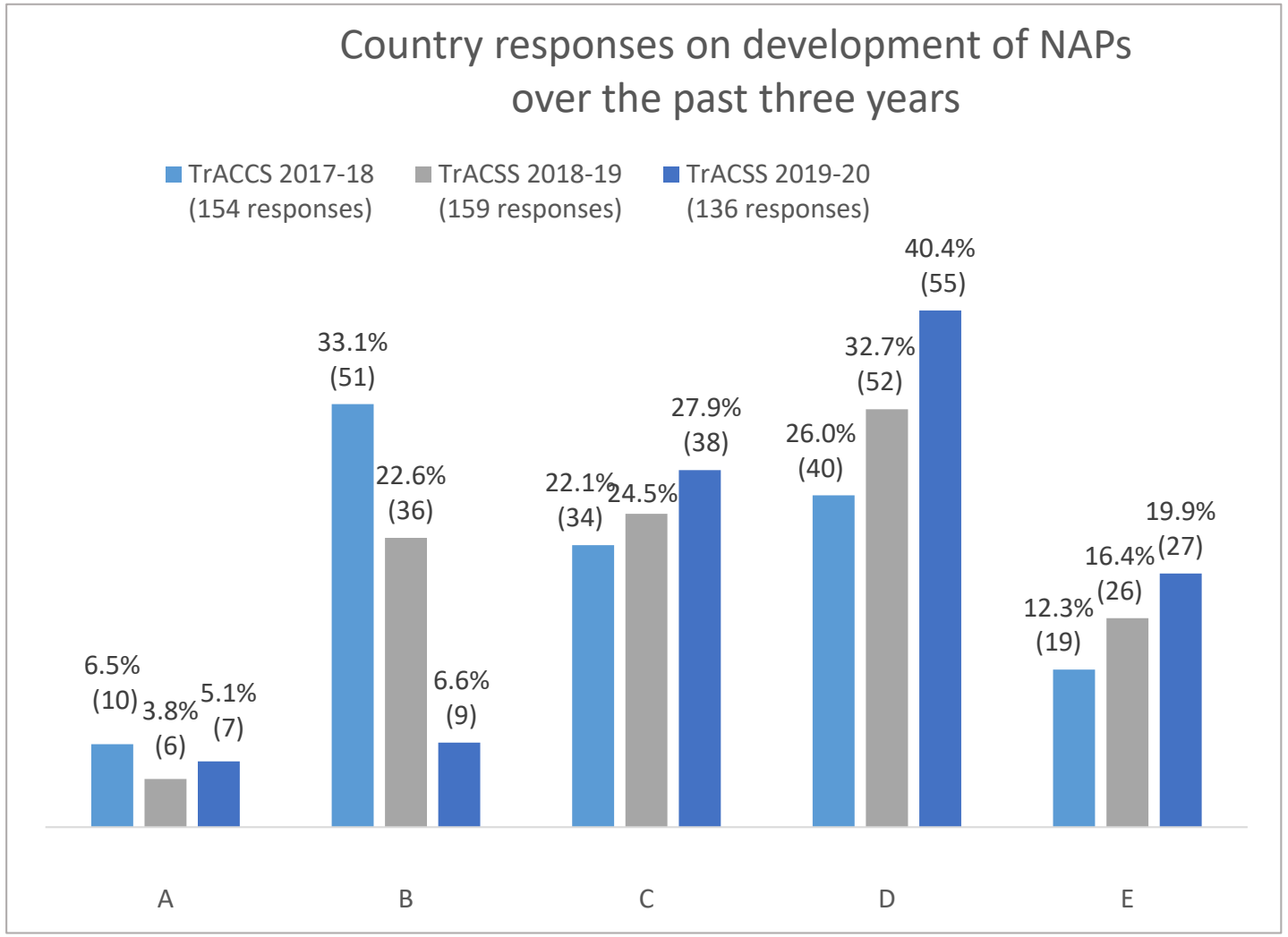
Source: Tripartite Annual Country Self-Assessment Survey 2017-18, 2018-19, 2019-20

Development of AMR NAPs

Of the 136 reporting countries in 2019-2020, 120 (88.2%) have a NAP developed (levels C-E)

- **27** NAP with funding identified (level E)
- **55** NAP approved with budgeted operational plan (level D)
- **38** NAP developed (level C)
- **16** no NAP or NAP under development (level A-B)

Increase in number of countries reporting developed NAPs (levels C-E) over the years and fewer reporting levels A or B



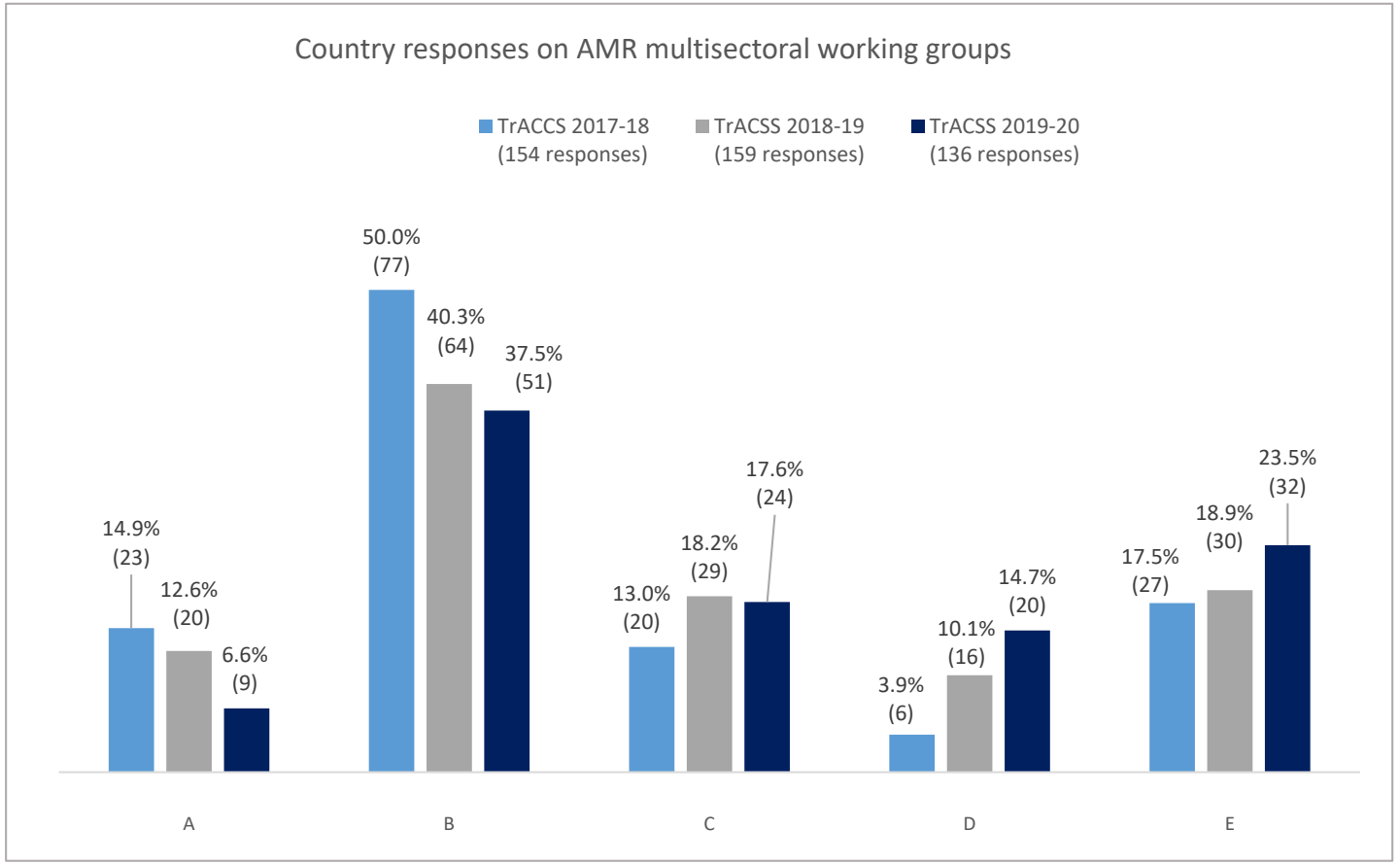
Source: Tripartite Annual Country Self-Assessment Survey 2017-18, 2018-19, 2019-20

Multisector Working Groups on AMR

55.9% (76) of countries reported having a functional multisectoral working group on AMR (levels C-E).

Trend analysis shows a 21% increase in the past three years on the number of countries with functional multisectoral working groups.

92.6% (n=126) of countries have human health and animal health representatives in multisectoral working groups



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.

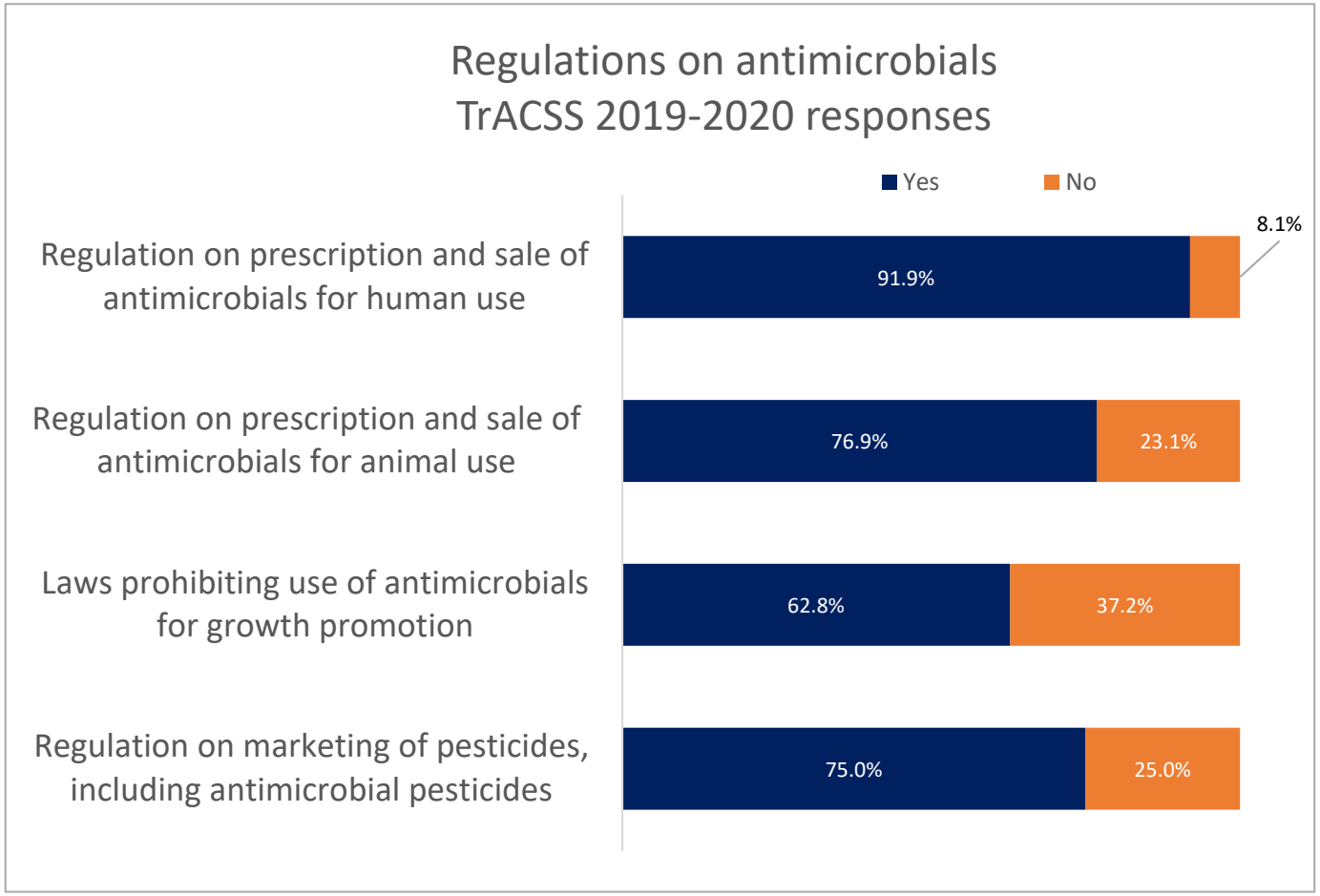
C - Multi-sectoral working group(s) is (are) functional, with clear terms of reference, regular meetings, and funding for working group(s) with activities and reporting/accountability arrangements defined.

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: Tripartite Annual Country Self-Assessment Survey 2017-18, 2018-19, 2019-20

Country legislation on antimicrobials



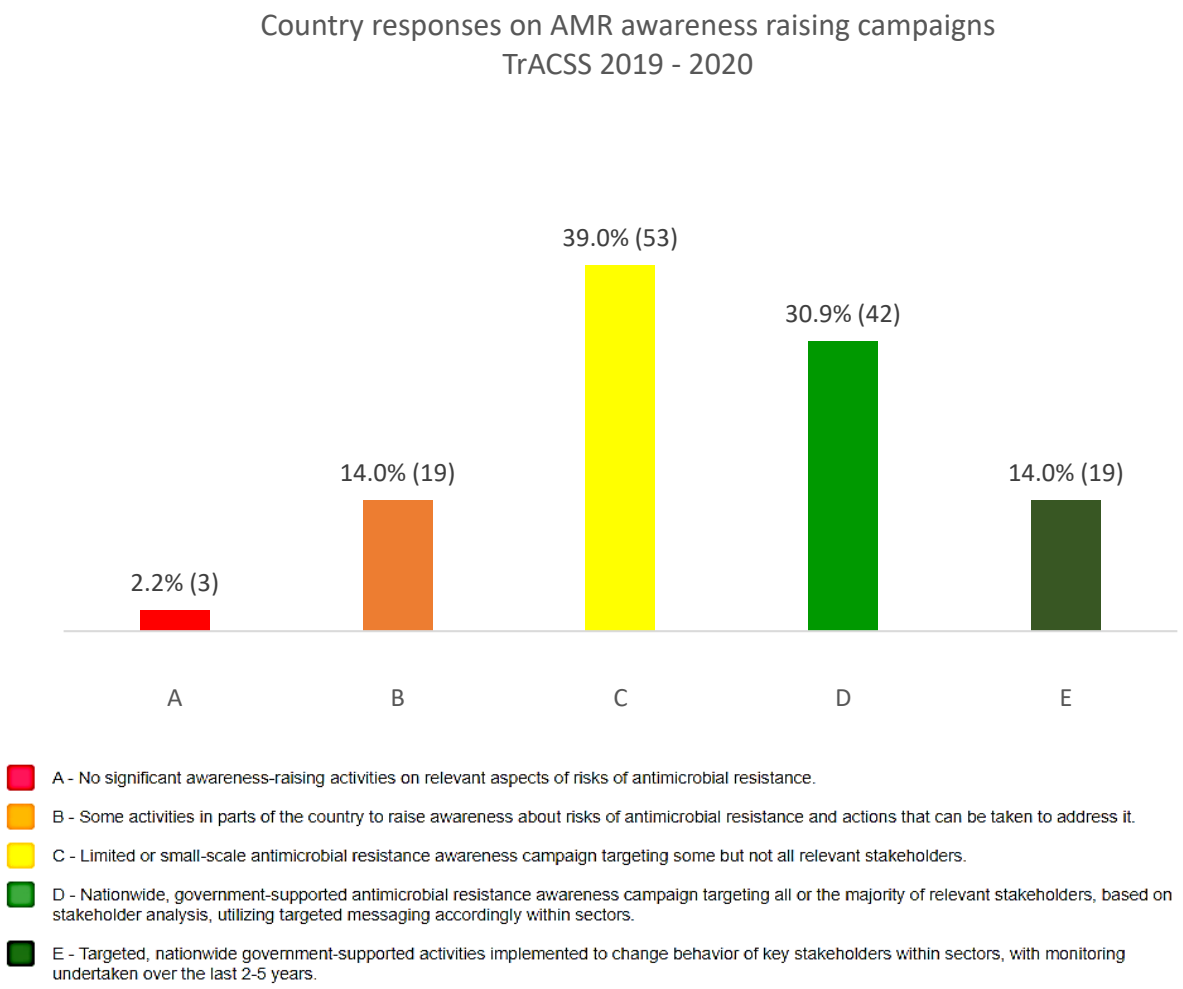
Having regulations does not always mean they are monitored and/or enforced.

- 125 (91.9%) countries reported having regulations on antimicrobials (AM) for human use, but only 74 countries reported having monitoring systems for AM sale and use in human health

- In animal health, 103 (n=76.9%) of countries reported having regulations on AM for animal use, however only 74 countries reported having monitoring systems on total AM use and sale for animal use

Source: Tripartite Annual Country Self-Assessment Survey (TrACSS) 2019-20

Raising awareness on AMR



Source: Tripartite Annual Country Self-Assessment Survey (TrACSS) 2019-20

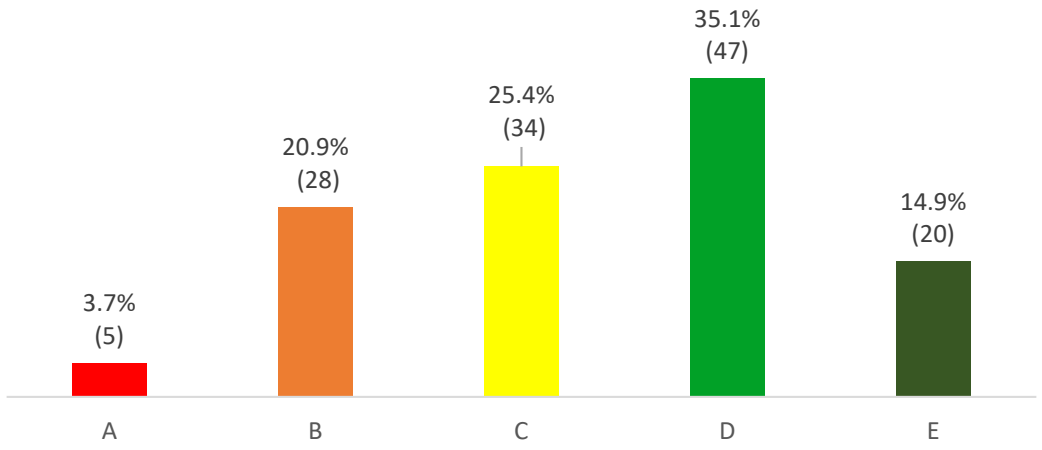
44.9% (n=61) of reporting countries had nationwide, government-supported awareness campaigns targeting priority stakeholder groups (levels D-E)

Trend analysis - gradual increase (~5%) over the past three years.

Countries reported human health is the main sector involved (n=103, 75.7%) in awareness campaigns, followed by animal health sector (n=60, 44.1%).

Strengthening surveillance on AMR
Human Health

Country responses on national AMR surveillance activities in human health, TrACSS 2019- 2020 responses



No response = 2, N=134

- 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 bacteria, but data collection may not use a standardized approach and lacks national coordination and/or quality management.
- C - National AMR surveillance activities for common bacterial infections follow national standards, and a national reference laboratory that participates in external quality assurance.
- D - There is a functioning national AMR surveillance system covering common bacterial infections in hospitalized and community patients, with external quality assurance, and a national coordinating centre producing reports on AMR.
- E - The national AMR surveillance system integrates surveillance of AMR across sectors, and generates regular reports covering at least one common indicator.

Source: Tripartite Annual Country Self-Assessment Survey (TrACSS) 2019-20

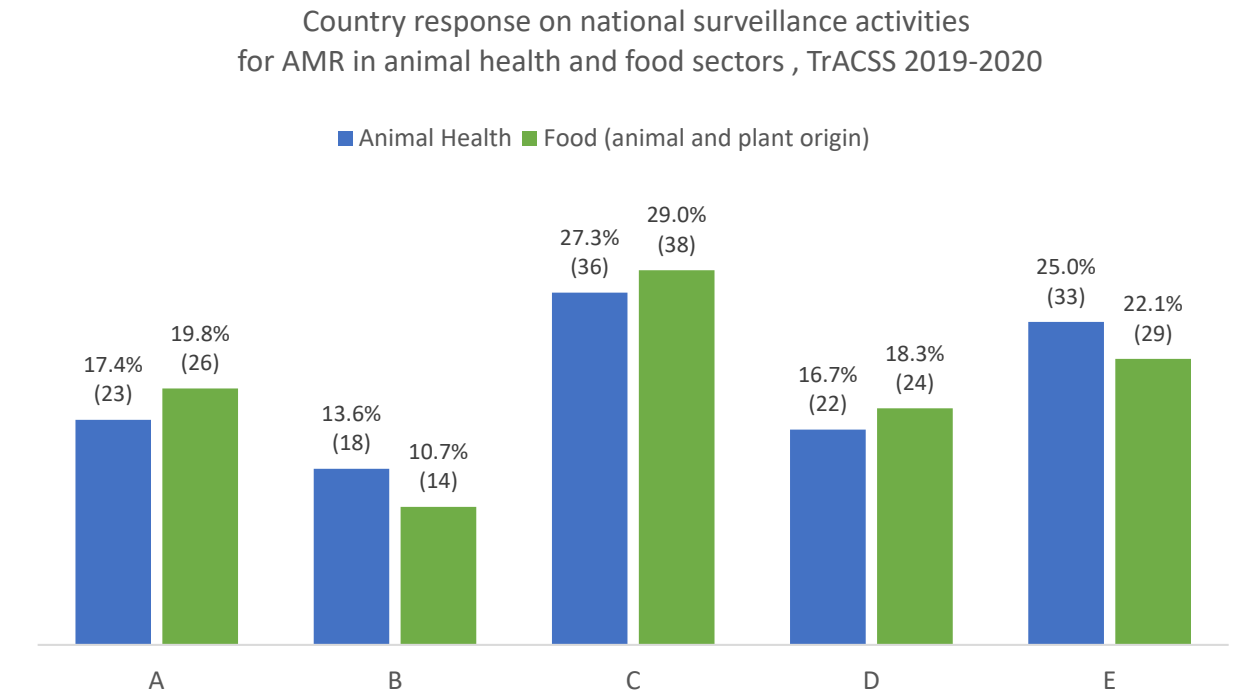
74.3% (n=101) of responding countries reported having national AMR surveillance activities in human health (levels C-E)

92 countries are enrolled in WHO GLASS, and 66 provided resistance data to GLASS in 2019 [4]

In TrACSS, 64.7% of countries reported amending their national AMR strategy for human health based on relevant antimicrobial consumption and resistance data.

Strengthening surveillance on AMR

Animal Health and Food sectors



Animal Health, no response = 4, N=132
Food Sector, no response = 5, N=131

A	No national plan for an AMR surveillance system.
B	National plan for AMR surveillance in place in place but capacity (including laboratory and reporting) is lacking.
C	Some AMR data is collected but a standardized approach is not used. National coordination and/or quality management is lacking.
D	Priority pathogenic/ commensal bacterial species have been identified for surveillance Data systematically collected and reported on levels of resistance in at least one of those bacterial species, involving a laboratory that follows quality management processes e.g. proficiency testing.
E	National system of AMR surveillance established for priority animal pathogens, zoonotic and commensal bacterial isolates which follows quality assurance processes in line with intergovernmental standards. Laboratories that report for AMR surveillance follow quality assurance processes.

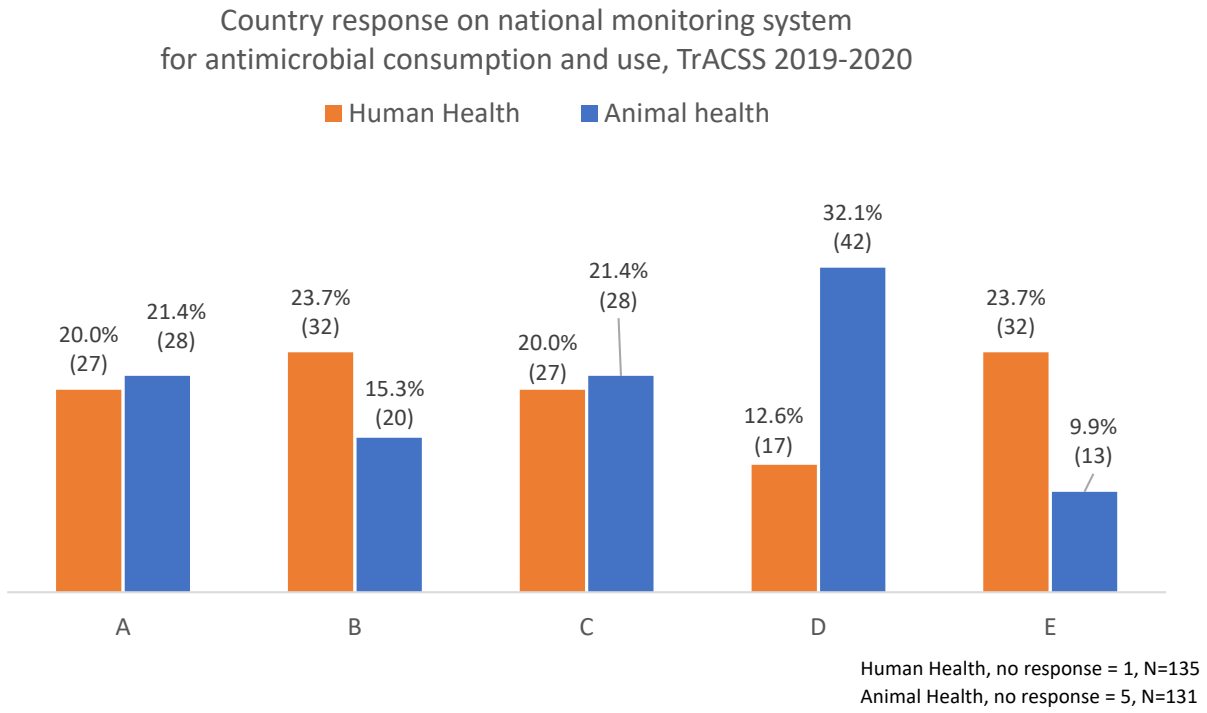
Source: Tripartite Annual Country Self-Assessment Survey (TrACSS) 2019-20

Similar percentage of countries collect at least some AMR data in animal health and food sectors (levels C-E)

- 68.9% in animal health, and 69.4% in food sector.
- Systematic data collection is less common in both sectors, 41.7% in animal health and 40.4% in food sector (levels D-E).

Trend analysis shows gradual increases in national AMR surveillance activities (levels C-E) over the past two years

Strengthening surveillance on antimicrobial sale and use



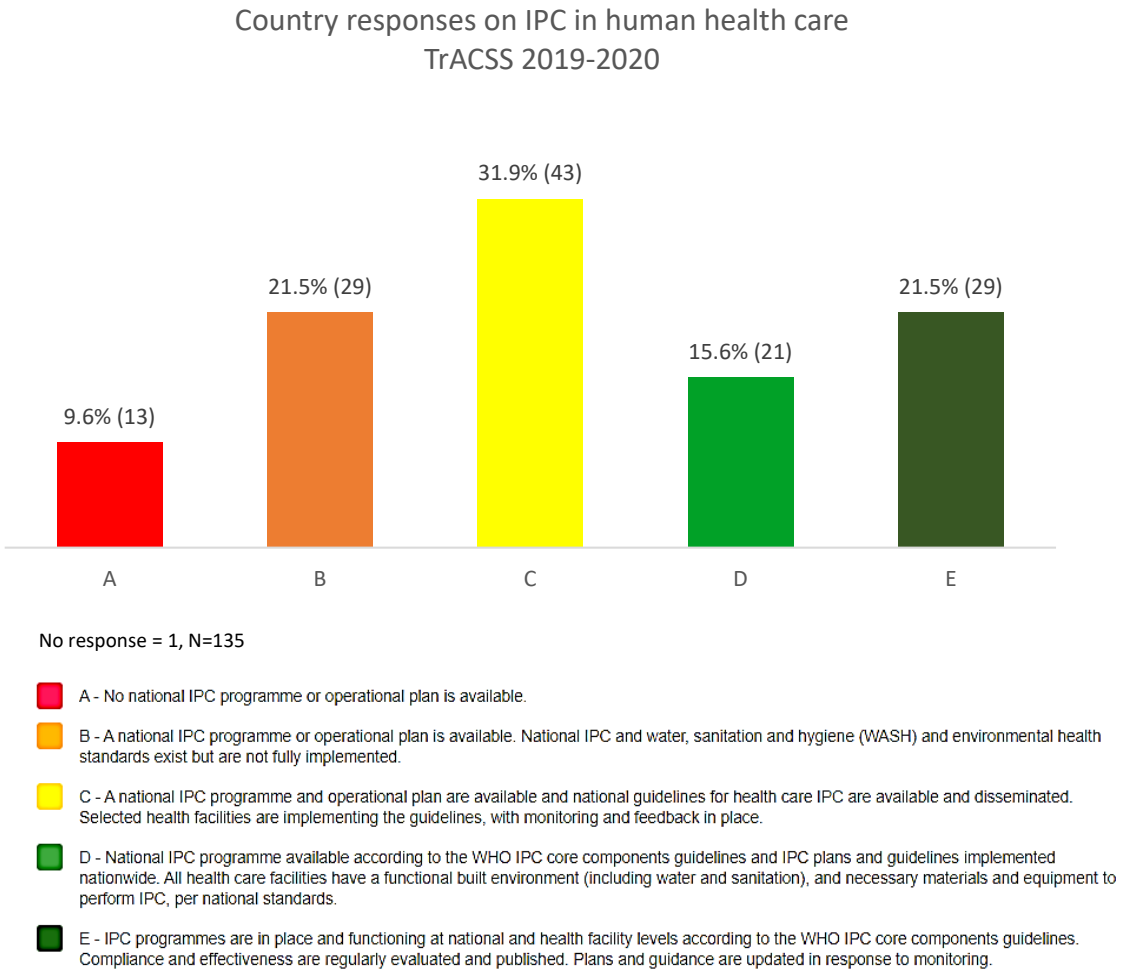
Human Health, no response = 1, N=135
Animal Health, no response = 5, N=131

	HUMAN HEALTH	ANIMAL HEALTH
A	No national plan or system for monitoring use of antimicrobials.	No national plan or system for monitoring sales/use of antimicrobials.
B	System designed for surveillance of antimicrobial use, that includes monitoring national level sales or consumption of antibiotics in health services.	Plan agreed for monitoring quantities of antimicrobials sold for/used in animals, based on OIE standards
C	Total sales of antimicrobials are monitored at national level and/or some monitoring of antibiotic use at sub-national level.	Data collected and reported on total quantity of antimicrobials sold for/used in animals and their intended type of use (therapeutic or growth promotion).
D	Prescribing practices and appropriate antibiotic use are monitored in a national sample of healthcare settings.	On a regular basis, data is collected and reported to the OIE on the total quantity of antimicrobials sold for/used in animals nationally
E	On a regular basis (every year/two years) data is collected and reported on: a) antimicrobial sales at national level for human use; b) Antibiotic prescribing and appropriate/rational use, in health facilities,	Data on antimicrobials used under veterinary supervision in animals are available at form level, for individual animal species.

More countries have developed national monitoring systems for antimicrobial sale and use in animal health compared to human health

- 83 (63.4%) for animal health (levels C-E) compared to 76 (56.3%) in human health.
- Discrepancy between the consumption and use numbers submitted to TrACSS and OIE's AMU data – highlights the need for stronger multisectoral coordination in countries

Reducing infections through IPC in human health

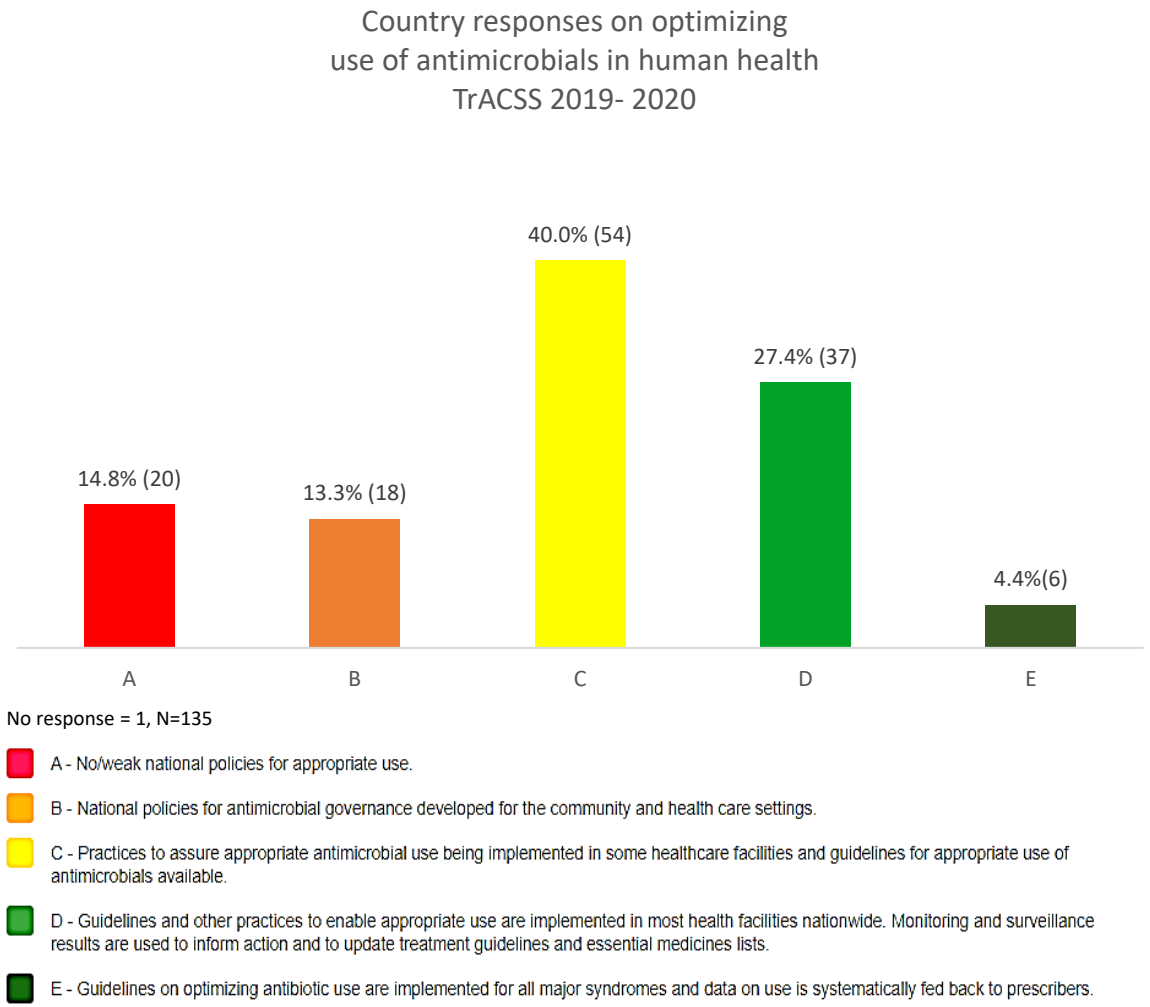


37.1% (n=50) of countries have nationwide implementation of national IPC plans based on WHO IPC guidelines (level D-E)

- Trend analysis shows a 6% increase in countries at levels D-E compared to last year.

31.9%, or 43 countries have limited implementation of national IPC plans (level C) and should be supported to move up levels.

Optimizing use of antimicrobials in human health

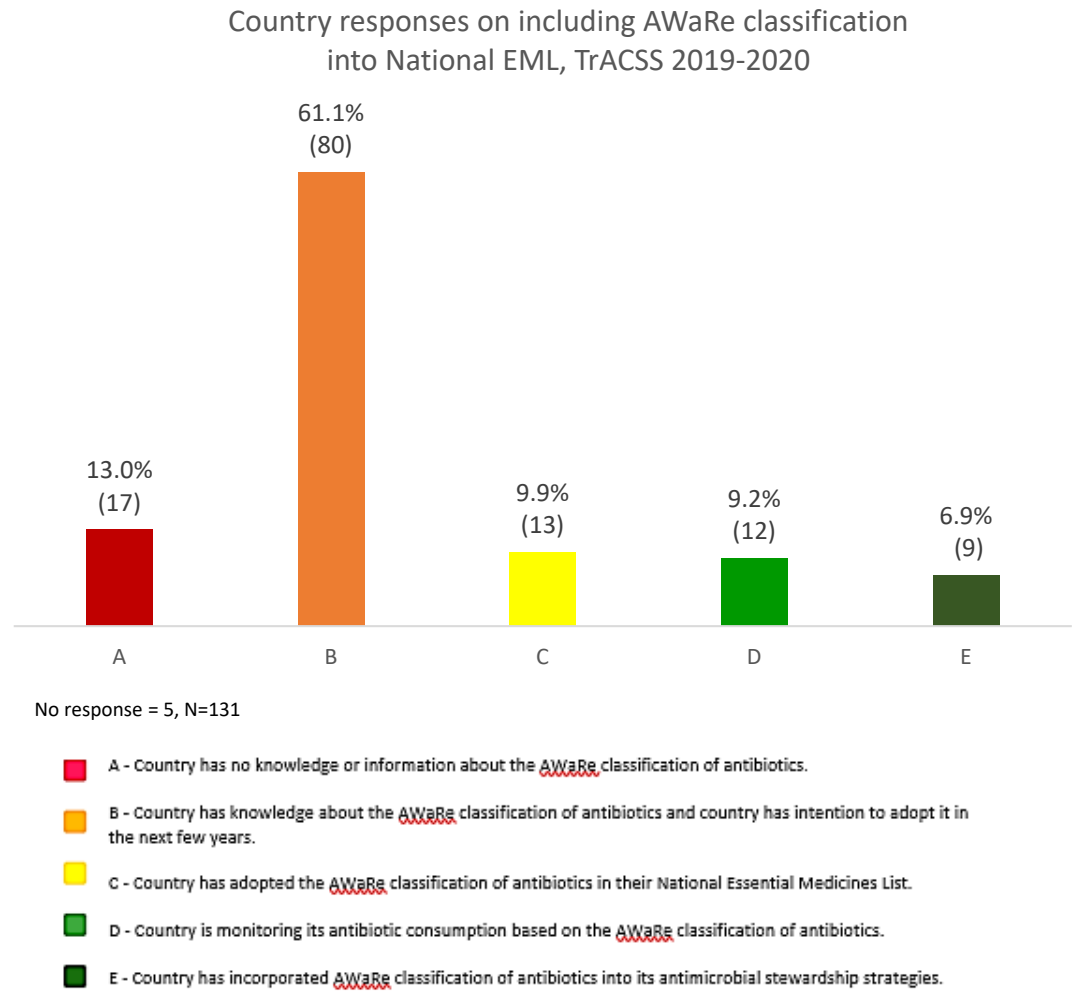


Source: Tripartite Annual Country Self-Assessment Survey (TrACSS) 2019-20

71.8%, or 97 countries had practices to ensure appropriate antimicrobial use (AMU) is being implemented in at least some healthcare facilities, and guidelines for appropriate use available (levels C-E).

Only 6 countries have antibiotic prescribing guidelines for major syndromes and send AMU data back to prescribers

Adoption of “AWaRe” Classification into National Essential Medicines List (EML)



Source: Tripartite Annual Country Self-Assessment Survey (TrACSS) 2019-20

AWaRe

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

34 countries (25%) have adopted the AWaRe classification into their National Essential Medicines List (levels C-E)

80 countries (61.1%) have knowledge about the AWaRe classification and plan to adopt it over the new few years (level B)

WHO Target of - Access Group ≥ 60% of total antibiotic consumption

Findings from TrACSS (2019-20)

Areas of progress: Results show global progress on several indicators that align with GAP implementation compared to previous years:

- **Increase in the number of countries with developed NAPs compared to previous years,**
- **Increase in the number of countries with functional multisectoral working groups on AMR,**
- **Increase in number of countries with nationwide implementation of national IPC programmes**

Trend analysis:

- **There has been gradual increases in the percentage of countries with nationwide AMR awareness raising campaigns over the past three years**
- **Along with increases in human and animal health in national monitoring system for antimicrobial consumption and use, and national surveillance system for resistance.**

Limitations

- Intrinsic limitations of self-assessment surveys
- No robust independent validation
  - Validation using Joint External Evaluation (JEE) is only available for a small number of countries

Areas in need of additional efforts

TrACSS 2019-2020 results

Source: Global Database for TrACSS , 2019-2020 country participation https://amrcountryprogress.org/

- Strengthening multisectoral coordination and collaboration
- Targeted AMR awareness raising campaigns
- Increased monitoring and enforcement of legislation on antimicrobials
- Strengthening access to essential antimicrobials (AWaRe) and diagnostics
- Strengthening technical capacity, including for data monitoring and reporting

Food and Agriculture Organization of the United Nations

WORLD ORGANISATION FOR ANIMAL HEALTH

World Health Organization

THANK YOU

References and Resources

References

1. 2015, http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/. The Global Action Plan was developed by WHO with the support of the Food and Agriculture Organization (FAO) and World Organisation for Animal Health (OIE).
2. Endorsed Political Declaration from High Level Meeting on AMR, 21 September 2016 at https://undocs.org/en/A/RES/71/3
3. Global Database for Tripartite Annual Country Self-Assessment Survey (TrACSS) https://amrcountryprogress.org/
4. Global antimicrobial resistance surveillance system (GLASS) report: early implementation 2020. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Resources

- TrACSS questionnaire 2019-2020. https://www.who.int/antimicrobial-resistance/global-action-plan/monitoring-evaluation/AMR-country-self-assessment-2019/en/
- Global Database for Tripartite Annual Country Self-Assessment Survey (TrACSS) https://amrcountryprogress.org/
- WHO. 2nd year TrACSS analysis report of AMR https://www.who.int/antimicrobial-resistance/publications/Analysis-report-of-AMR-country-se/en/

Source: Global Database for TrACSS , 2019-2020 country participation https://amrcountryprogress.org/