WHO’s work on Antimicrobial Resistance

**STEWARDSHIP**

WHO, FAO and OIE, in collaboration with UNEP and in discussion with other partners, are working together to advance a global stewardship framework.

At the national level, technical support is being provided to establish and strengthen national stewardship programmes to optimize the use of antimicrobials in human health and to manage the over use and misuse of antimicrobials.

**MONITORING**

The tripartite organizations have also developed the Tripartite AMR Country Self-assessment surveys (TrACSS) which are conducted every year since 2016 to track progress in the development and implementation of National Action Plans to address AMR.

**HEALTH WORKFORCE**

In October 2019, WHO launched a competency framework and curriculum guide for the education of health workers on AMR.


**SURVEILLANCE**

WHO has also established the Global Antimicrobial Resistance Surveillance System (GLASS) and a global monitoring system for antimicrobial consumption.

As at October 2019, 78 countries had enrolled in GLASS and more are expected to join in the near future.

The 2nd GLASS report issued in Jan 2019 clearly demonstrated that emerging forms of AMR, against which we have currently few treatment options, are now present in all regions.
CONSUMPTION

The first WHO report on surveillance of antibiotic consumption was published in November 2018. It presents data from 65 countries. The report describes the methodology for data collection and highlights the challenges in monitoring antimicrobial consumption.

A new tool is now available for conducting surveys on antibiotic use in hospitals and further support is envisaged for countries in surveillance of antibiotic use and consumption.

IACG

The Interagency Coordination Group on AMR recently delivered its recommendations to the UN Secretary General.

These recommendations have been incorporated into the Secretary General’s comprehensive report on AMR to the UN General Assembly.

DIAGNOSTICS

WHO continues to monitor the clinical pipeline of antibiotics on an annual basis and has analyzed the landscape of access and availability for low-and-middle-income countries to determine gaps and needs.

This will help focus research and development on highest priority needs for diagnostics going forward. In addition, models are being formulated to help prioritize research into new vaccines to address pathogens associated with resistance, or with high levels of antibiotic consumption.

ESSENTIAL MEDICINES

Launched this year, WHO’s AWaRe classification of antibiotics aims to improve access while preserving effectiveness. AWaRe divides essential antibiotics into three groups: Access, Watch and Reserve.

It provides recommendations for first-line or second-line empiric treatments for key infections. AWaRe serves as a tool to help countries monitor antibiotic consumption in their countries with the aim of reaching a target of at least 60% being from the Access group of antibiotics.

IPC

The IPC global unit at WHO Headquarters leads the work on IPC in a cross-cutting way with a specific focus on capacity building in the context of health systems strengthening and the AMR global and national action plans. It also provides support for preparedness and response to outbreaks and coordinates the work on sepsis.

GARDP

The WHO and DNDi (Drugs for Neglected Diseases Initiative) co-founded the Global Antibiotic Research and Development Partnership (GARDP) in May 2016. GARDP’s current focus is on the development of new or improved antibiotic treatments to tackle drug-resistant infections in children, newborns with sepsis, and sexually-transmitted infections, while integrating strategies for sustainable access.