

ANTIMICROBIAL RESISTANCE

September 2019

MESSAGE FROM REGIONAL DIRECTOR



Antimicrobial Resistance (AMR) is a serious threat to public health within the WHO South-East Asia Region and beyond. It is a threat that is already killing hundreds of thousands of people worldwide every year.

As this bulletin details, the Region has been and continues to be pro-active in combating the problem. As early as 2011 the Region's health ministers called

for concerted action against AMR via the Jaipur Declaration, while in 2014 AMR was identified as a Flagship Priority. In 2015 the Regional Committee passed a key resolution on AMR's prevention and control. Our joint efforts are paying off. By 2018 all 11 of the Region's Member States had developed a National Action Plan to address AMR, with each one aligned with the Global Action Plan. As part of the implementation process, nine Member States have now enrolled in the WHO-led Global Antimicrobial Resistance Surveillance System (GLASS), while 10 have already adopted, or are in the process of adopting, the AWaRe (Access, watch Reserve) classification tool.

We can be proud of our progress. As we accelerate it, I am pleased to bring you this inaugural edition of the WHO South-East Asia Antimicrobial Resistance Bulletin. I acknowledge and thank Member States and other stakeholders for their steadfast resolve in the battle against AMR, the outcome of which is crucial to health well-being in our Region and across the world.

REGIONAL ACTIVITIES

The WHO South-East Asia Regional Office is implementing activities to contain antimicrobial resistance (AMR) in line with following five strategic objectives from Global Action Plan:

- Improve awareness and understanding of AMR through effective communication, education and training
- Strengthen the knowledge and evidence base through surveillance and research
- Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures
- Optimize the use of antimicrobial medicines in human and animal health
- 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

GLOBAL ACTIVITIES

As of May 2019, 129 Member States had finalized their NAPs for AMR. The WHO Report on surveillance of antibiotic consumption was launched in November 2018 with 2015 data from 65 countries and areas on the consumption of systemic antibiotics. This contributed to our understanding of how antibiotics are used in these countries.

The Global Antimicrobial Resistance Surveillance System (GLASS) was launched in October 2015. It provides a standardized approach to the collection, analysis and sharing of AMR data by countries. Seventy-seven countries are currently enrolled in GLASS.

All eleven Member States have developed AMR national action plans (NAPs) and participated in the Tripartite AMR country self-assessment survey. Ten of the eleven Member States have multisectoral working group(s) or coordination committee(s) on AMR, established with government leadership and enrolled in the Global AMR Surveillance System.

The Regional Office regularly updates regional and global AMR-related information and documents through the WHO Regional Office AMR website.



http://www.searo.who.int/entity/antimicrobial_resistance/en/

TRI-PARTITE ACTIVITIES

The Asia Pacific Regional Tripartite Coordination Group has established itself administratively while continuing to work on One Heath issues in line with the Interagency Coordination Group (IACG) recommendation for One Health regional platforms for technical cooperation. The IACG has helped facilitate Tripartite working on Tricycle Epi X, H5N1 influenza and rabies in Indonesia, as well as facilitating the Eighth Asia Pacific Workshop on Multi-sectoral Collaboration at the Animal–Human–Ecosystems Interface in Bangkok on 9–11 April 2019.

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WHO REGIONAL OFFICE FOR SOUTH-EAST ASIA AMR WORKING GROUP

The WHO South-East Asia Regional Office has established an AMR Technical Working Group with members from different departments to support and implement AMR activities in the Region. The AMR Technical Working Group (TWG) is reviewing policies and plans on AMR and developing an integrated workplan on the One Health approach and overseeing implementation, monitoring and evaluation.

BANGLADESH

Bangladesh incorporated the WHO AWaRe classification into the Bangladesh National Drug Formulary (BDNF) fifth version, published in March 2019. The BDNF is an official publication of the Directorate General of Drug Administration (DGDA), Ministry of Health and Family Welfare (MoHFW), which aims to provide prescribers, pharmacists, and other healthcare professionals with sound up-to-date information about the use of medicines. It is intended for public and private settings, providing information on the selection, prescribing, dispensing, administration, trade names and price and of medicines in the local market, to support health care providers in offering the most effective drug therapy.

Reported by Bangladesh WHO Country Office



BHUTAN

After Bhutan's National Action Plan on AMR was endorsed in November 2017, several initiatives were launched with support from WHO and other partners.

- Bhutan participates in WHO's Global AMR Surveillance System.
- A point prevalence survey of AMR in three regional hospitals enables oversight of prescription patterns.
- Annual Surveillance of healthcare associated infections (HCAI) has been initiated in nine health facilities. AMR and hand hygiene has been incorporated in school health program
- Bhutan conducted a feasibility study on the draft WHO toolkit on antimicrobial stewardship (AMS) programmes in hospital.

Reported by Bhutan WHO Country Office

DEMOCRATIC PEOPLE'S REPUBLIC OF KOREA



Despite several challenges, the Ministry of Public Health (MoPH) of the Democratic People's Republic of Korea is committed to implementing the NAP. In this regard, the MoPH conducted a series of national consultative workshops with WHO in April and May 2019 to design the national AMR surveillance system, and develop surveillance guidelines and data collection tools. To continue progress in implementing the NAP, the Regional Advisor, Essential Drugs and Medicines, Regional Office, during an in-country visit, will help the MoPH plan and implement an AMS programme, a national monitoring system to measure antimicrobial consumption(AMC) in humans and a plan of action to MOR

| Reported by DPR Korea WHO Country Office

INDIA

India has a very comprehensive NAP for AMR. WHO has been supporting the country in implementing the NAP and developing state action plans. The following were the key activities:

• The National Programme for Containment of AMR was launched and training conducted for developing antibiograms.

• A workshop was organized to develop a roadmap to engage pharmacists and build capacity for AMR containment and optimal use of antibiotics.

• A technical consultation was held on developing state action plans for the containment of AMR.

• After the launch of the Kerala Antimicrobial Resistance Strategic Action Plan (KARSAP) in October 2018, the Madhya Pradesh State Action Plan for Containment of Antimicrobial Resistance has been finalized. Manipur and Delhi are currently developing their state action plans.

• In collaboration with the Indian Association of Medical Microbiologists (IAMM), a Maharashtra state AMR surveillance network was established with 14 laboratories that follow a uniform methodology for antimicrobial susceptibility testing (AST), quality assurance and data collation, analysis and monthly data-sharing using WHONET.

• The Kerala Antimicrobial Resistance Surveillance Network (KARS-NET) is being expanded to engage state private sector laboratories in surveillance to ensure representative AMR data from the state.

Reported by India WHO Country Office



INDONESIA

Indonesia hosted a workshop on Global AMR Surveillance System (GLASS) from 26 to 29 March 2019 to introduce the GLASS concept and methods, as well as the GLASS approach in developing national AMR surveillance systems.

Reported by Indonesia WHO Country Office



MALDIVES

- National Antimicrobial Resistance (AMR) action plan developed and a multiministerial/sectoral steering committee established;
- National AMR stewardship Program initiated at hospitals in Greater Male region; trainings provided.
- Maldives National University supported for Study to understand current prevalence of AMR;
- National AMR Communication Strategy and Plan developed.
- IGMH lab designated as the National Reference Laboratory NRL AMR in 2018.
- Participation in AMR GLASS surveillance and using AWARE categorization for updating the National Essential Medicines List.
- Finalization of the National AMR Policy and AMR Regulation in 2019.
- Development of National IPC guidelines, Standard Treatment Guidelines or STGs on AMR as well as organizing a laboratory training to establish AMR Residue testing mechanism.
- Maldives plans to continue this combat against AMR with an AMR consumption study planned for 2019, in addition to the laboratory strengthening activities.

Reported by Maldives WHO Country Office



MYANMAR

- AMR Coordination Workshops in One Health Approach in four States and Regions in Myanmar for raising awareness of AMR, more collaboration and coordination among concerned stakeholders and promote behavioral change through public communication programmes to combat AMR.
- Global Hand Hygiene Day 2019 was celebrated in Naypyidaw 1,000 bedded Hospital to promote the Hand Hygiene practice to prevent infections for combating AMR.

Reported by Myanmar Country Office

NEPAL

- Review and revision of the National Action Plan on AMR is currently underway with multi-sectoral engagement; finalization and endorsement envisaged by end of 2019.
- The WHO Special Programme for Research and Training in Tropical Diseases(WHO-TDR) led Regional and National modules of Structured Operational Research and Training Initiative (SORT IT) on AMR ready to be rolled out in Nepal from July 2019.
- Nepal enrolled in the WHO Global Antimicrobial Resistance Surveillance System (GLASS) platform in 2018; preparation for submission of national AMR data for 2019 is underway.
- The global protocol on "WHO Integrated Global Survey on ESBL-producing E. coli Epi X- Tricycle Project" adapted for Nepal through a multi-stakeholder validation workshop and laboratorians trained; the pilot study to commence in 2019 after ethical approval from the National Health Research Council.
- Nepal component of the multi-country feasibility study on WHO Hospital-based Antimicrobial Stewardship (AMS) Toolkit completed and findings disseminated.
- A study spearheaded by Department of Drug Administration with WHO support is ongoing for quantification of national antimicrobial consumption (AMC).

| Reported by Nepal WHO Country Office



SRI LANKA

Sri Lanka developed its National Strategic Plan for combating Antimicrobial Resistance in line with the Global Action Plan and is working towards implementing the planned activities. The National Advisory Committee established with the participation of human, animal, agriculture and fisheries departments, work hand in hand in this endeavor. AMR is also a key area of work for WHO in Sri Lanka under the CCS. Some of the key activities conducted in the recent past, was the establishment of the Surveillance System for AMR in the human sector, the capacity building activities on IPC across the country and the public awareness campaign on AMR.

Reported by Sri Lanka WHO Country Office

THAILAND

AMR is a significant priority for the Royal Thai Government and for WHO / FAO / UNEP in Thailand.

The Thai National Strategic Plan on AMR 2017-2021 is aligned with the Global Action plan for AMR.

AMR is one of six priority programmes in the WHO Thailand / Royal Thai Government 'Country Cooperation Strategy' (CCS). Thailand is unique in having a CCS in which priorities are jointly defined, and activities jointly funded, by WHO, Ministry of Public Health and other quasi-governmental agencies.

Thailand also has two WHO Collaborating Centre that focus on AMR:

1. The National Institute for Health, Department of Medical Sciences, Ministry of Public Health for AMR (laboratory) surveillance and training – which supports regional EQA.

2. Faculty of Medicine Siriraj Hospital, Mahidol University for Antimicrobial Resistance (AMR) Prevention and Containment.

| Reported by Thailand WHO Country Office

TIMOR-LESTE

First nationwide survey on public awareness of antibiotics and antimicrobial resistance. Majority of respondents (>80%) said they get antibiotics from medical stores or pharmacies, and take antibiotics prescribed by doctors or nurses.

There are widespread misconceptions about antibiotics, such as stop taking antibiotics when feeling better; use antibiotics given by friend or family; and buy or request the same antibiotics if they are sick Significant proportions of people don't feel the urgency and danger of AMR.

Regarding what we need to do to contain AMR, people do have correct knowledge. Disseminate the awareness results as widely as possible through seminars, workshops, media and publications in academic journals. MOH and WHO have designed relevant IEC materials using local and culturally relevant images and messages. Work with multi-sectoral government sectors to coordinate and cooperate on AMR policies and programmes.

| Reported by Timor-Leste WHO Country Office



