

# People-centred approach to addressing antimicrobial resistance in human health:

## WHO core package of interventions to support national action plans

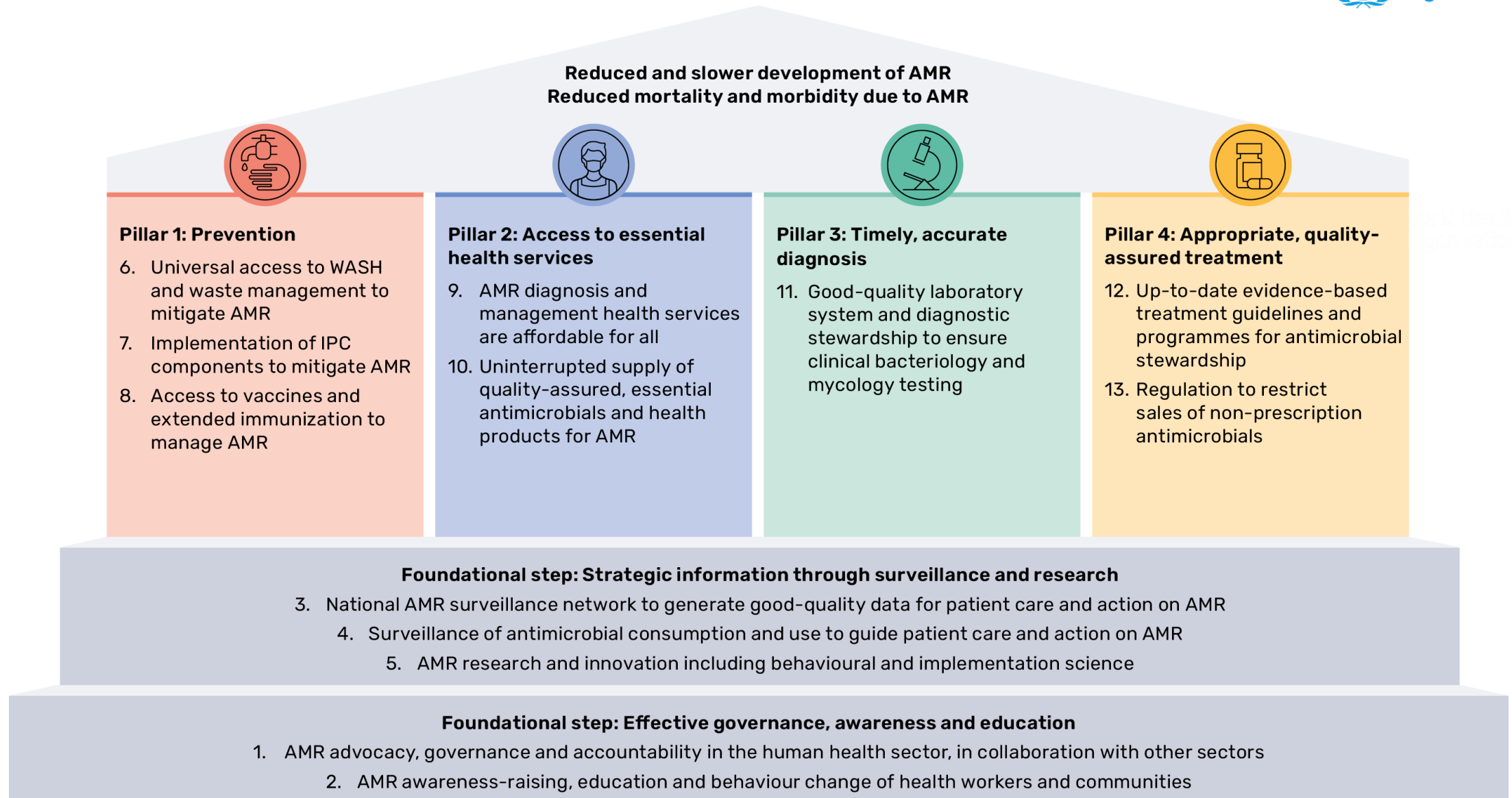
**AMR National Action plans and Monitoring  
Unit (NPM)**

**WHO HQ – AMR Division**

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# WHO core package: 5 foundational and 8 core high-level interventions





# Foundation 1: Effective governance, awareness and education

## AMR advocacy, governance and accountability in the human health sector in collaboration with other sectors



### National/sub-national

- ☐ Raise political awareness and secure political/financial commitment
- ☐ Develop, cost, implement and monitor human health AMR interventions as part of the One Health NAP on AMR
- ☐ Integrate AMR interventions into broader health sector programmes, plans and budgets and links with health sector governance mechanism
- ☐ Active participation of human health sector in the national AMR multisectoral coordination mechanism
- ☐ Civil society and Community engagement in One Health NAP on AMR



### All healthcare levels

- ☐ Strengthen the AMR capacity of health facility leadership

## AMR awareness-raising, education and behaviour change of health workers and communities



### National/sub-national

- ☐ Develop and implement an AMR communication strategy to improve awareness of policy makers, health workers and communities
- ☐ Develop age appropriate curricular on AMR for schools
- ☐ Integrate curricula into pre-service education curriculum for health workers



### All healthcare levels

- ☐ Develop, test and implement behaviour change interventions on AMR for health workers at various levels of health care.



# Foundation 2: Strategic information through surveillance and research

## National AMR surveillance network to generate good-quality data to inform patient care and action on AMR



**National/sub-national** Define/implement national AMR surveillance strategy that produces representative and quality assured AMR data overseen and supported by a national coordination centre

- ❑ Use the collected data to inform action and guidelines, and monitor the burden and distribution of AMR



### Secondary/tertiary healthcare

- ❑ Collect, collate, analyse and interpret data as part of AMR and health-care-associated (HAI) surveillance and to inform local empirical treatment, guidelines, and to monitor local AMR trends



### Primary care

- ❑ Collect, collate, analyse and interpret data on infections (syndromic and AMR) as part of AMR/HAI surveillance to guide local empirical treatment

## Surveillance of antimicrobial consumption and use (AMC/U) to guide patient care and action on AMR



### National/sub-national

- ❑ Establish and/or strengthen a national AMC/U surveillance system
- ❑ Conduct routine surveillance of AMC at national and subnational levels
- ❑ Ensure that AMC/U data collected at all levels are analysed, reported and shared with relevant stakeholders to signal possible under- and overuse, and inform corrective actions



### Secondary/tertiary healthcare

- ❑ Conduct routine surveillance of AMC and selectively perform AMU surveys based on local needs



### Primary care

- ❑ Conduct routine surveillance of AMC and periodic AMU surveys in target populations



# Foundation 2: Strategic information through surveillance and research

## AMR research and innovation including behavioural and implementation science



### National/sub-national



- ☐ Develop a national AMR research agenda adapted from global and regional AMR agendas according to local research priorities, including behavioural and implementation research
- ☐ Build capacity for implementation of AMR research priorities in collaboration with academia, the private sector and civil society
- ☐ Participate in clinical trial networks and surveillance platforms, share AMR and AMC/U data, and foster public and private collaboration to ensure that vaccine, diagnostic and antimicrobial development pipelines meet unmet public health needs
- ☐ Identify sustainable financing and incentives and strengthen local capacity for the development and/or production of novel and/or existing vaccines, diagnostics, and antimicrobials including appropriate paediatric and oral formulations that target priority pathogens



# Pillar 1: Prevention

## Universal access to WASH and waste management to mitigate AMR



### National/sub-national

- ❑ Ensure access to WASH and safe waste management in community and health facilities by appropriate planning, budgeting and financing of WASH and safe waste management infrastructure and services



### Secondary/tertiary healthcare

- ❑ Assess WASH in health care facilities using standardized tools, and improve, maintain and sustain improvements in WASH and safe disposal of health care waste and antimicrobials



### Community

- ❑ Ensure clean drinking-water and improve sanitation and personal hygiene (including hand hygiene) through community engagement and community approaches
- ❑ Develop mechanisms to return unused antimicrobials from households for safe disposal





# Pillar 1: Prevention

## Implementation of IPC core components to mitigate AMR



### National/sub-national

- ☐ Implement WHO core components for IPC, starting with the minimum requirements for improving IPC in health-care settings including the prevention of multi-drug resistant organisms



### Secondary/tertiary healthcare

- ☐ Adapt health care facility IPC guidelines based on national IPC guidelines and use HAI/AMR surveillance data to guide outbreak preparedness and response



### Primary care

- ☐ Adapt primary care facility standard operating procedures for IPC based on national IPC guidelines and monitor implementation



### Community

- ☐ Implement infectious disease prevention services in the community, including food safety standards

## Access to vaccines and expanded immunization to manage AMR



### National/sub-national

- ☐ Expand national immunization programmes and ensure that developed and licensed vaccines are available and accessible to prevent infections and subsequent use of antibiotics
- ☐ Update national recommendations and normative guidance to include the role of vaccines in controlling AMR.



### Secondary/tertiary healthcare

- ☐ Ensure that health workers are vaccinated and trained to meet national immunization programme targets for vaccines that impact AMR



### Community

- ☐ Raise awareness of the role of vaccines in limiting the emergence of AMR and use of antibiotics.



## Pillar 2: Access to essential health services

Health services for the prevention, diagnosis and management of infectious disease syndromes are available and affordable for all



### National/sub-national

- ☐ Ensure equitable access to and timely national and local adoption of new and existing vaccines, diagnostics and antimicrobials, including timely inclusion into policies, guidelines, procurement and reimbursement schemes
- ☐ Ensure that access to diagnosis, treatment and care of (drug-resistant) infections is not barred by financial constraints by including the services in pooled financing schemes (e.g. UHC health benefit packages) while ensuring rational use
- ☐ Ensure the affordability of quality-assured essential vaccines, diagnostics and antimicrobials for all including key vulnerable groups through appropriate financing and pricing policies.
- ☐ Improve public awareness of the coverage of health services and products related to the prevention, diagnosis and treatment of (drug-resistant) infections in health benefits packages.



### All healthcare levels

- ☐ Dedicate budget to procure essential diagnostics and antimicrobials for diagnosis and treatment of infectious (including drug-resistant) syndromes.
- ☐ Train health workers to prevent, diagnose, treat, and care for patients with infectious (including drug-resistant) syndromes.



### Community

- ☐ Ensure the availability and affordability of preventative testing and counselling services for common infections





## Pillar 2: Access to essential health services

Uninterrupted supply of quality-assured, essential health products for the prevention, diagnosis and management of infectious disease syndromes



### National/sub-national

- ☐ Ensure adequate forecasting, procurement and distribution of essential diagnostics, reagents, antibiotics, and other health products for management of (drug-resistant) infections
- ☐ Implement policies and procedures to prevent, detect and respond to substandard and falsified (SF) medical products to manage (drug-resistant) infections



### All healthcare levels

- ☐ Build the capacity of health workers, regulatory authorities and procurement and supply chain authorities on effective procurement and supply of essential health products and on prevention, detecting and report of SF medical products.



### Community

- ☐ Increase community engagement in the prevention, detection and reporting of supply issues of medical products including SF medical products



## Pillar 3: Timely, accurate diagnosis

### Good-quality laboratory system and diagnostic stewardship to ensure clinical bacteriology and mycology testing



#### National/sub-national

- ☐ Establish/strengthen a national quality-assured bacteriology (and mycology) laboratory system, including a national reference lab which supports capacity building and external quality control
- ☐ Develop national diagnostic stewardship guidelines and integrate them into pre- and in-service training of health workers



#### Secondary/tertiary healthcare

- ☐ Strengthen clinical bacteriology and mycology testing capacity for isolation and identification of pathogens and AST with rapid turn around time for clinical management



#### Primary care

- ☐ Ensure access to laboratory diagnostics for infections and AST by a referral mechanism with rapid turnaround time for optimal patient care



#### Community

- ☐ Raise awareness of the general public and community health workers on the importance of timely and accurate diagnosis of suspected infections



# Pillar 4: Appropriate, quality-assured treatment

## Up-to-date evidence-based treatment guidelines and AMS programmes



### National/sub-national

- ☐ Develop/revise, implement & monitor compliance of implementation of up-to date treatment guidelines based on AMS, AWARe antibiotic book & evidence
- ☐ Integrate the AWARe classification into the national EML & formulary
- ☐ Develop & implement national AMS plan/policy



### Secondary & tertiary healthcare

- ☐ Develop, implement & monitor facility AMS programmes including multi-disciplinary AMS teams



### Primary care

- ☐ Develop, implement & monitor targeted AMS activities to improve antibiotic prescribing in primary care

## Implementation of regulation to restrict non-prescription antimicrobial sales



### National/sub-national

- ☐ Develop, implement & enforce regulation to restrict OTC sales to prescriptions from qualified health-care professional
- ☐ Restrict inappropriate promotion and advertisement of antimicrobials



### Secondary & tertiary healthcare

- ☐ Strengthen capacity to implement legislation and regulations to restrict OTC sales of antimicrobials



### Community

- ☐ Raise awareness of the dangers of inappropriate use of antimicrobials without a prescription and the importance of seeking and following advice of health professionals