

Webinar Q&A 13 October 2021, 16.00-17.30 CET - Launch of WHO costing and budgeting tool for NAPs on AMR and country experiences from the Americas

Q1: What strategies would be adopted for the antimicrobial resistance?

The 5 key strategies are included in the Global Action Plan to address AMR.

<https://www.who.int/publications-detail-redirect/9789241509763>

Q2: In developing countries like Pakistan how can we adopt this situation?

The costing tool accompanied by the user guide is flexible and user friendly to be used in any country and context. In addition a training package is also available and dedicated training can be organized upon request through the WHO country office to the respective regional office.

Q3: Is the costing tool a validated version or its validation is not yet confirmed/assessed?

It has been tested in 4 countries, and the final version, after all the feedback, is being published today. Periodically we will also consider upgrades.

Q4: As the economic resources are scant the tool includes a Cost-Effectiveness analysis in order to prioritize the strategies?

Good question. There are only limited estimates even about burden and the cost of AMR infections. But the Tool only provides a process for prioritizing activities based on a simple framework that has been successful in countries. But once we start having better data and evidence on burden and economic impact, then we can consider including a cost effectiveness module to develop an "Investment Case".

Q5: After COVID how has effect of antimicrobial resistance changes on the lives of the people?

Given COVID-19, in many countries there has been greater "irrational" use of antibiotics. This can result in further resistance in the future. So better antimicrobial stewardship and awareness is required so that antibiotics are not taken for viral infections.

But there might be a positive aspect as well. COVID-19 has helped improve IPC measures in health care facilities and in the community, and this can reduce infections, and thereby also reduce the need for the use of antibiotics.

Lastly COVID-19 also impacts the supply chain of essential medicines, including antibiotics.

Q6: what an excellent tool meeting a pressing gap in policy implementation! my question is what has been the experience with timeline it may require to aggregate this tool, especially for the modular collaboration?

The aggregation, consolidating the different completed costed tools (e.g. from different departments or ministries) through the consolidator tool is relatively rapid. What often takes longer, but is country specific is the process in completing the prioritization of activities followed by the costing exercise.

Q7: Will the presentations be shared?

The presentations and the recording of the webinar will be shared on the WHO global webinar website following the webinar: <https://www.who.int/teams/surveillance-prevention-control-AMR/who-webinar-series-to-support-implementation-of-national-action-plans-on-antimicrobial-resistance>

Q8: Did you estimate various resource need scenarios or only one?

The resource needs are based on the "real costs" in the specific country and provided by the national authorities. The tool was developed for supporting LMICs.

Q9: The costing and budgeting plan within the mechanism national government is usually developed and submitted to by each sector, eg. MOH, MOA and MOE.

When you develop a kind of integrated intersectoral AMR NAP budget plan, how to submit ? Is it submitted separately by each sector [MOH, MOA and MOE], or is it jointly submitted through MOF or Ministry of Planning?

The modularity of the tool allows different sectors, ministries or even departments within ministries to conduct the costing independently. The lead costing coordinator (designated by the national multi sectoral mechanism) will then use the Module Consolidator to consolidate the