



WHO global AMR report on surveillance

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Is AMR a problem in Low income settings?

- AMR is worldwide a huge problem; it is not only restricted to developed countries
- Increasing AMR is worse in low-income settings although it's not perceived yet as a public health issue, due to the lack of data on AMR impact
- Limited available data show that AMR to the most commonly used and affordable first line antibiotics is increasing and there are limited options for second line treatment due to the unpredictable access including stock outs and limited budget of the majority of health system

Is AMR a problem in Low income settings?

- From published data, we also know that in low- and middle-income countries (LMICs), we have a high infectious disease burden, poor hygiene (or poor infection control practices) and a low vaccine coverage. All of these have huge impact on the rapid spread infections as well as on antibiotic use which will accelerate the AMR
- In the same low-income settings, antibiotics are widely available (including in the informal markets). This situation is aggravated by weak antibiotic-use policies and lack of guidelines for antibiotic use
- This contributes to excessive and irrational antibiotic use and dispensing practices including antibiotic dispensation without prescription

What are the barriers to establishing a good ARM Surveillance in LMICs?

- Lack of microbiology capacities to identify the species and antibiotic susceptibility of the infecting microorganisms.
- Lack of skilled staff to perform microbiology with good standards
- Limited budget for consumable and equipment maintenance.
- Lack of institutional commitment to undertake action on AMR
- Long distance between health units and referral microbiology lab which contribute to get feedback results on time and discourage doctors to take and send sample

How INDEPTH could contribute in the WHO initiative for Global surveillance on AMR

- INDEPTH is a global network of members who conduct longitudinal health and demographic evaluation of populations in LMICs which includes data on pregnancies and their outcomes, births, in- and out-migrations, deaths, cause of death, etc)
- I strongly believe that with minimum investment, INDEPTH member centres and their infrastructure provide a great opportunity and ideal platform to perform population based studies on antibiotic use and resistance
- By collaborating with WHO on global AMR surveillance, INDEPTH will contribute to mobilize more sites and professionals in LMIC to take part of global AMR surveillance