



GLASS-AMR manual

Feedback from countries

**3rd High Level Technical Consultation and Meeting
on Surveillance of Antimicrobial Resistance and Use
for Concerted Actions**

Sergey EREMIN, MD, PhD

Team Lead, Evidence and Emerging Resistance
Surveillance, Prevention and Control Department, AMR Division
WHO Headquarters, Geneva



[draft] GLASS-AMR manual



- Updated GLASS methods for AMR surveillance in humans
 - Part of a package of documents and tools to inform GLASS 2.0 implementation
 - Describes the objectives and methodology of GLASS-AMR
 - Provides guidance for countries on the GLASS-AMR methods and metrics
 - The intended readership includes national GLASS focal points, national public health professionals and national health authorities responsible for AMR surveillance in humans, and those contributing to national surveillance data collection
 - Maybe useful for national professionals from other sectors supporting surveillance of AMR in the context of the “One Health” approach



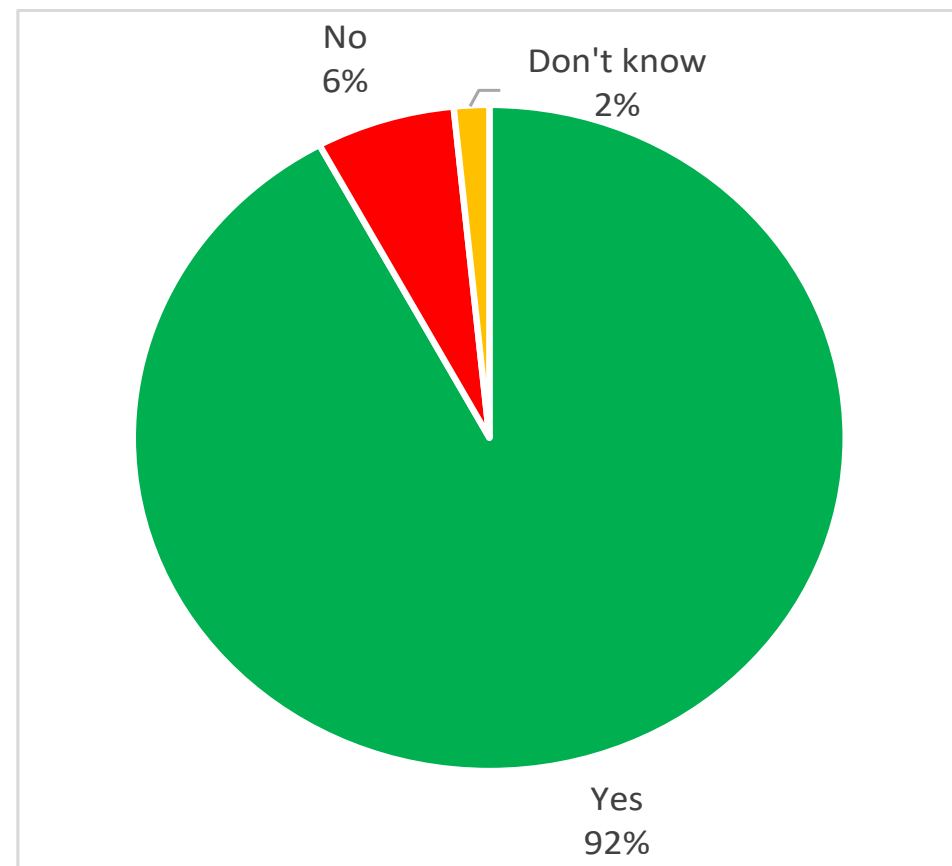
63 countries responded

Africa	4 (6.3%)
Americas	19 (30.2%)
Eastern Mediterranean	21 (33.3%)
Europe	10 (15.9%)
South-East Asia	3 (4.8%)
Western Pacific	6 (9.5%)

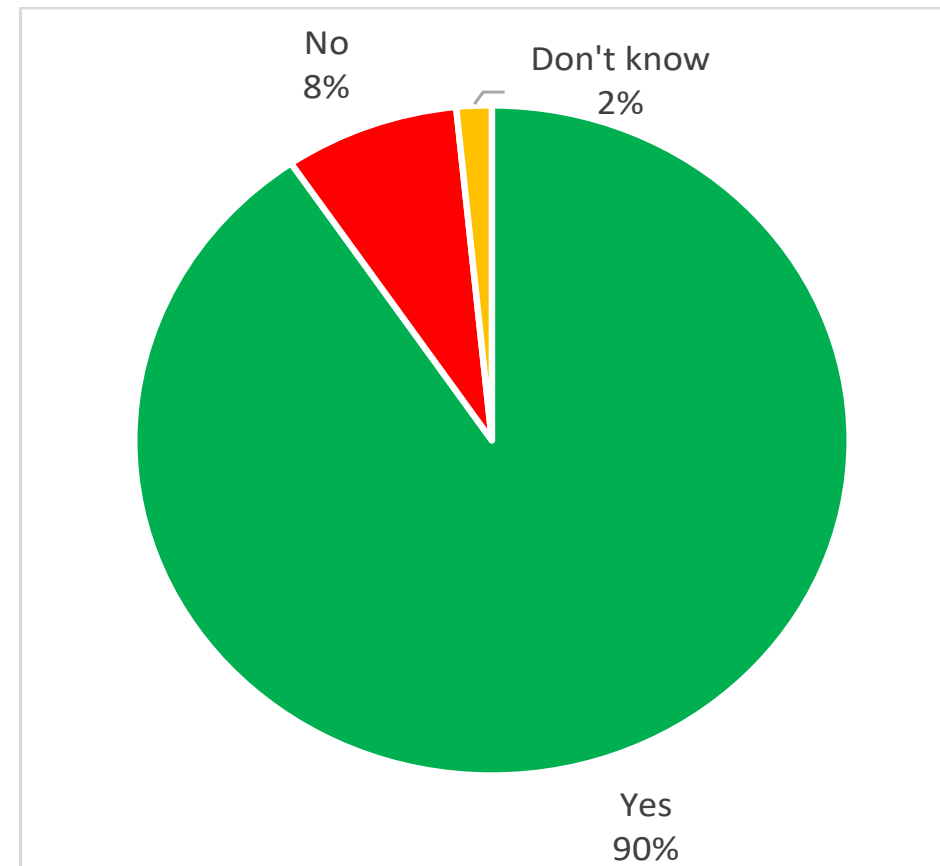
Low & lower-middle income	18 (28.6%)
Upper-middle income	22 (34.9%)
High income	23 (36.5%)

GLASS countries	45 (71.4%)
Non-GLASS countries	18 (28.6%)

Q1: does the draft Manual provide sufficient guidance on the methods and metrics?

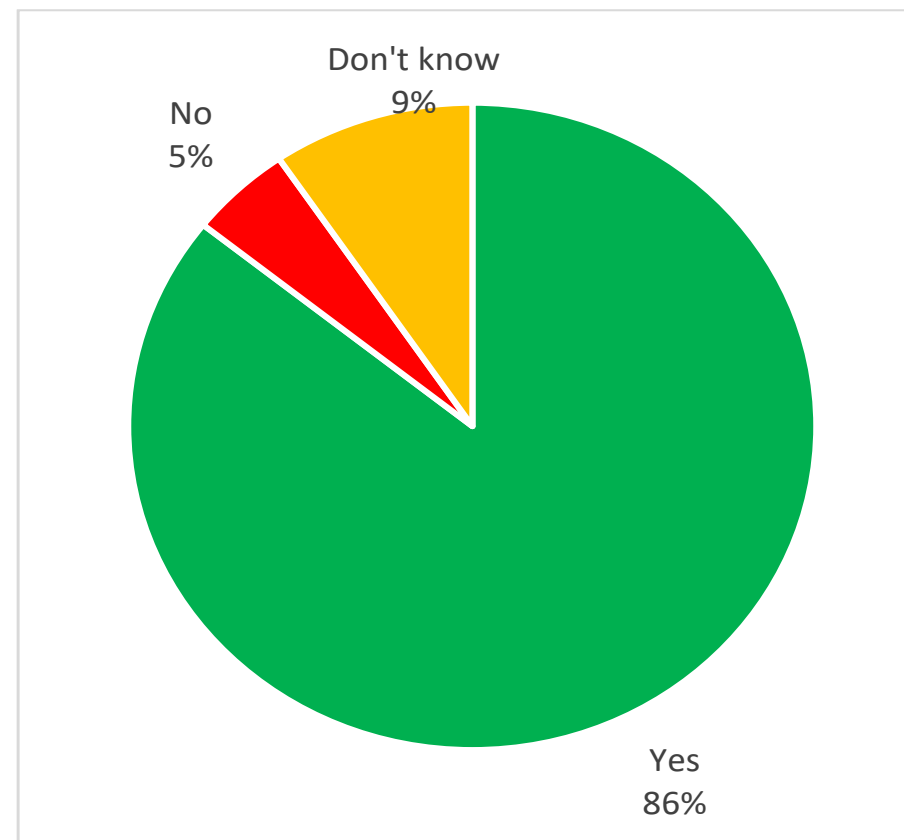
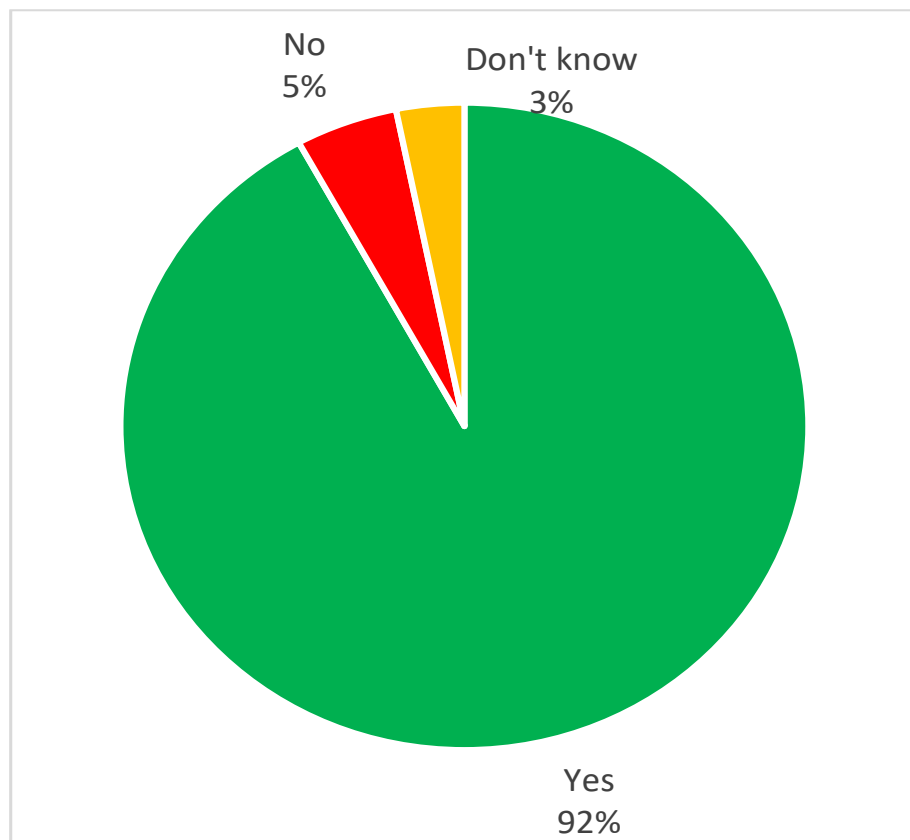


Q2: is the GLASS-AMR methodology presented in a clear manner?



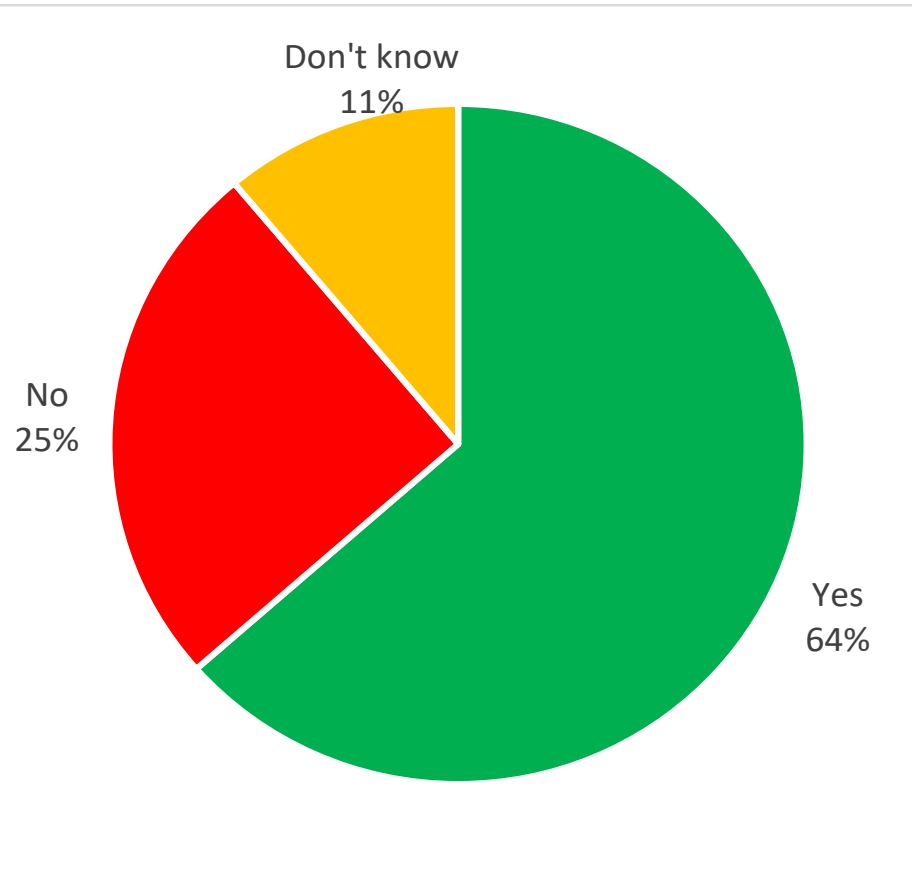
Q3: does the draft Manual provide useful tools for putting the GLASS-AMR approach into practice?

Q5: Do you find the draft GLASS-AMR Manual 2.0 useful for assisting with enhancing your national AMR surveillance system?





Q4: is the inclusion of new specimen types, pathogens, and antimicrobials appropriate?



Yes

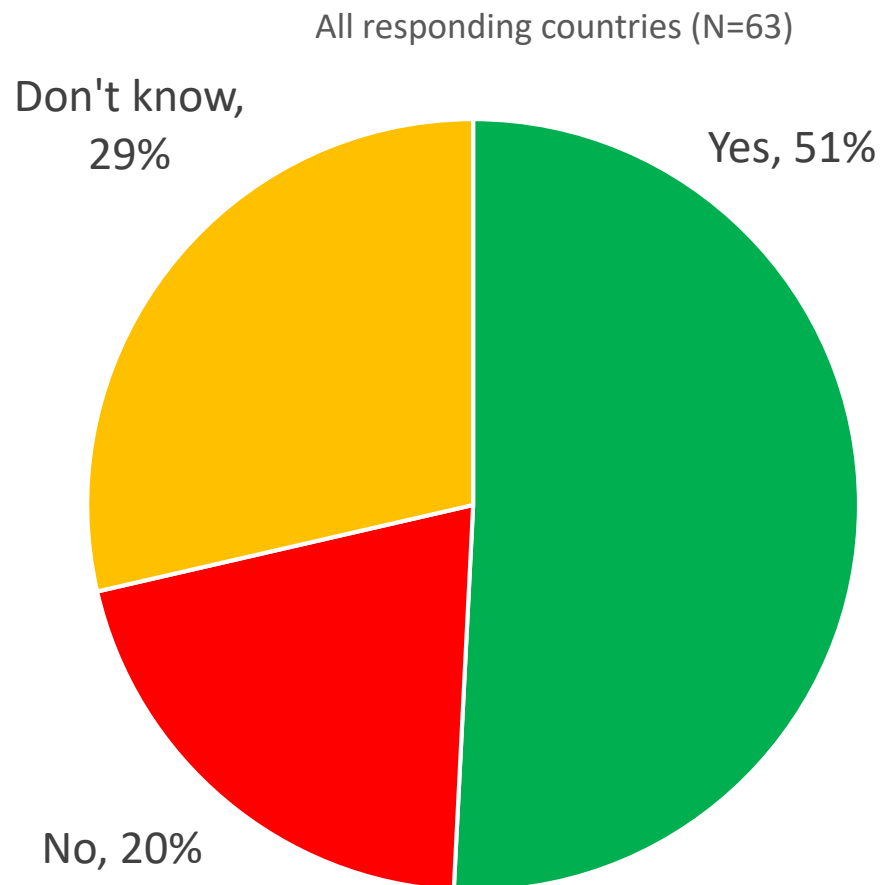
- Quite a number of countries proposed additional specimens, pathogens and pathogen-drug combinations.
- One country noted that the list may be challenging for some countries which are just starting or have insufficient resources

No

- Concerns about the challenges the extended list is posing to countries.
- One country proposed to focus on standardization and harmonization of surveillance of resistance in bloodstream infections (and possibly UTIs) instead of adding new specimen types.



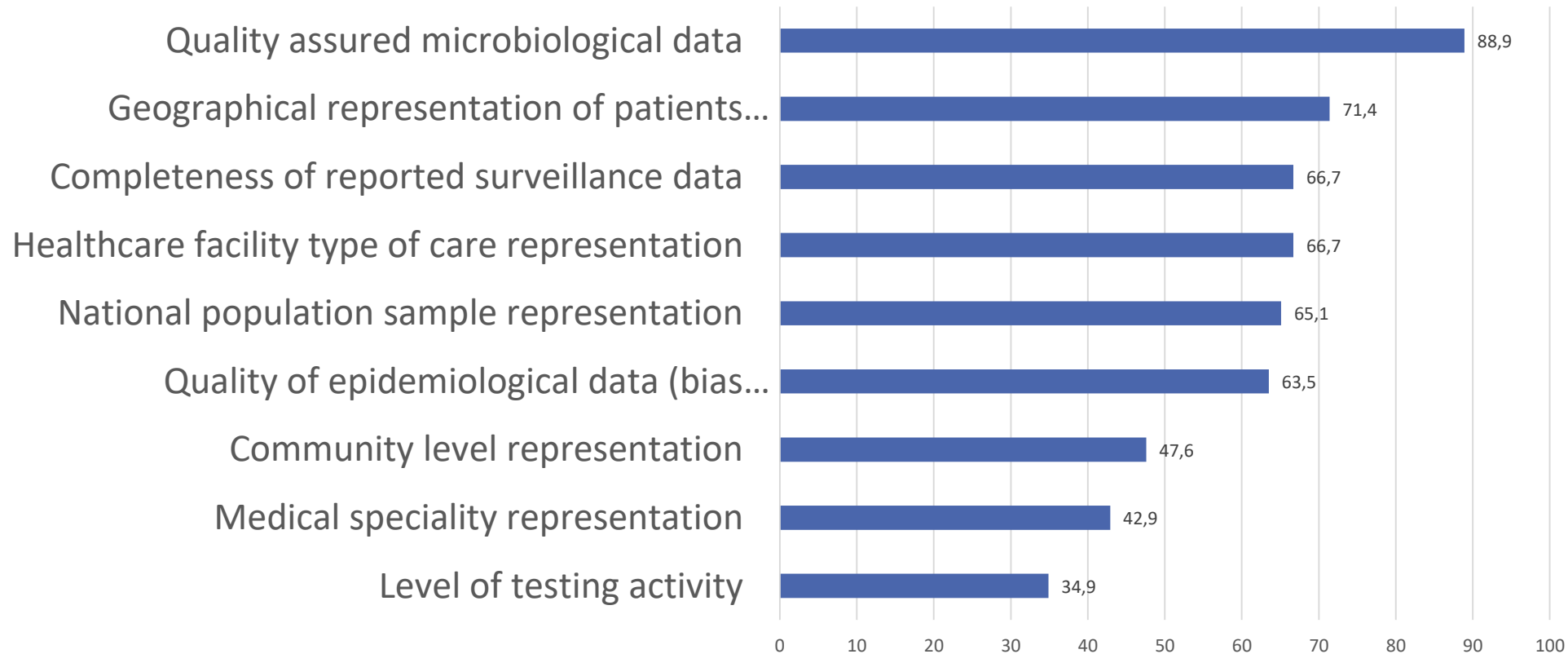
Q6: ... would your country be capable of starting anonymised individual data submission in the next stage of the GLASS implementation?



Yes	<ul style="list-style-type: none"> Several countries are already submitting individual level data to international networks and more countries collect individual AMR data at the national level Will require additional efforts, improving national coordination, developing approaches for evaluation of surveillance sites, adjusting IT tools
No	<ul style="list-style-type: none"> Limitations of the laboratory-centred systems, lack of human and IT resources. Several countries were not convinced by the provided rationale
Don't know	<ul style="list-style-type: none"> Further discussions/consultations with national authorities/stakeholders are required



Q7: ... In order to motivate continuous development of national AMR surveillance systems, GLASS would like to categorise the AMR data regarding quality and representativeness. Please indicate the elements you consider key for this categorization





Q8: Please share any additional comments you have on the draft GLASS-AMR Manual 2.0

- 25 countries used this open question to provide positive and useful comments, questions and suggested edits
- Several countries provided comprehensive reviews of the document
- As some countries are still sending their feedback, a more detailed overview of the feedback will be included in the final report that will be distributed after the consultation meeting In April 2021