World Health Organization

Collecting surveillance data to inform ACTION

A coordinated approach to country capacity building

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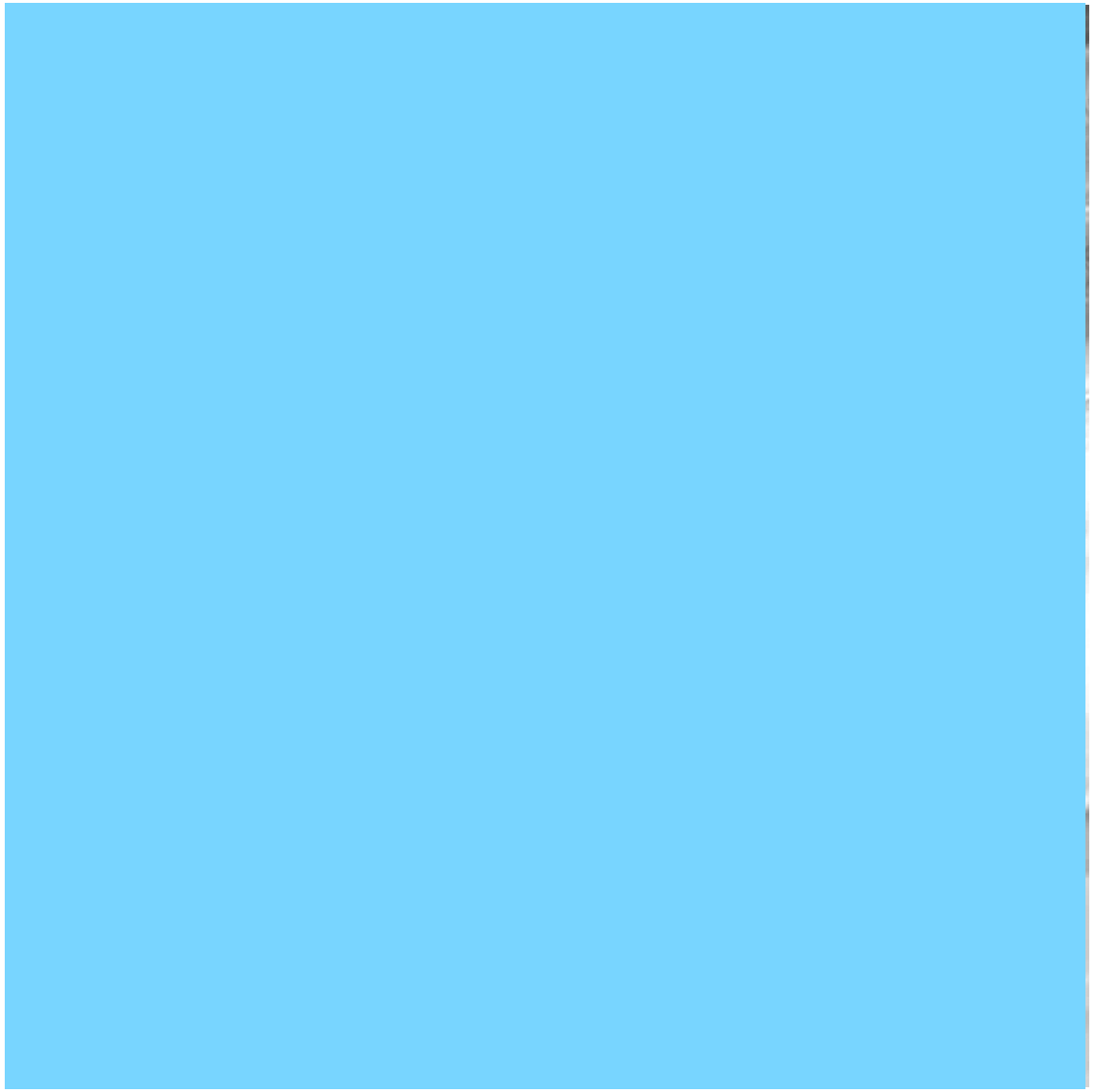
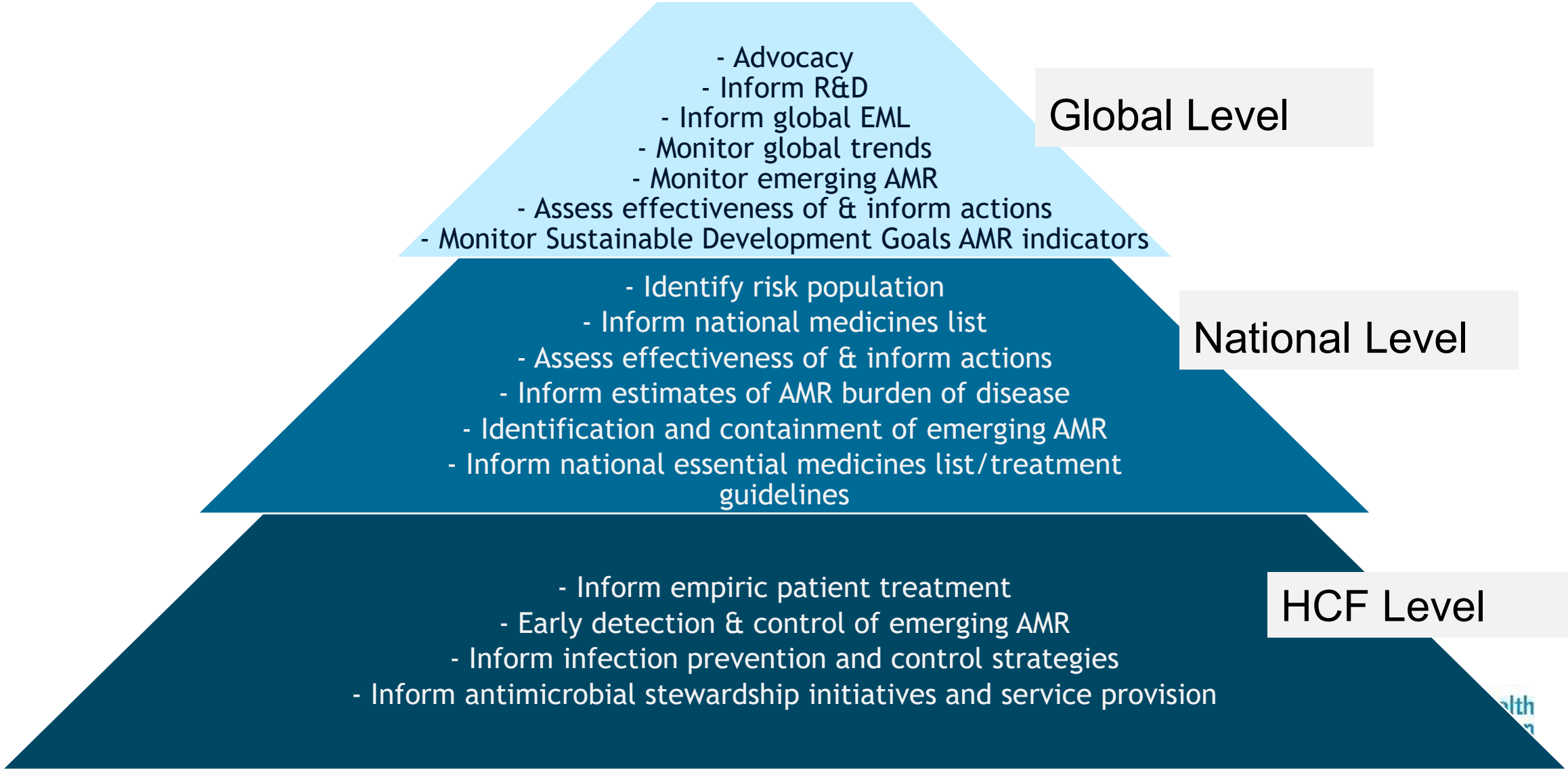
GLASS Stakeholders meeting, April 28, 2021

Proposed agenda

1. Use of more & better data
2. Country capacity building
3. Sharing, coordination, and collaboration under ‘AMR TEAM’

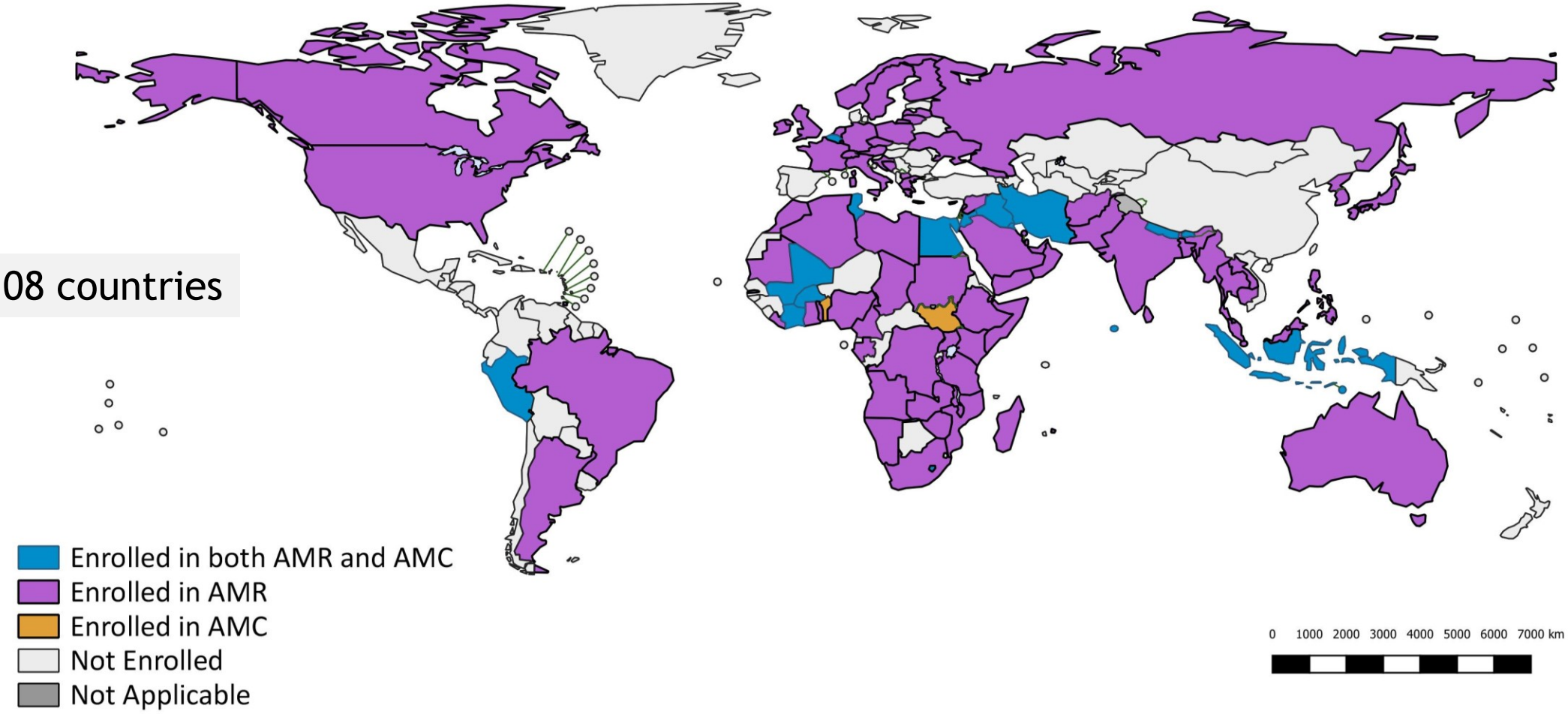


The use of AMR / AMU data at different levels



Countries enrolled in GLASS as of April 2021

N = 108 countries



Data source: World Health Organization
Map production: Information Evidence and Research (IER)
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GLASS expansion in the early implementation phase

Reported to GLASS - AMR	2017 (22 countries)	2018 (48 countries)	2019 (66 countries)	2020 (70 countries)
Number of sites				
Hospitals	466	3,097	5,557	5,942
Outpatients clinics	139	2,358	56,818	60,239
In-out patients	N.A.	N.A.	1,998	6,351
Other institutions	124	560	424	1,089
Total	**729**	**6,015**	**64,797**	**73,621**
Number of patients with suspected infection				
Blood stream	81,920	262,265	441,794	502,584
Urinary tract	415,679	1,424,011	1,888,545	2,577,333
Gastro-intestinal	7,477	10,735	17,061	17,003
Sexually transmitted	2,847	9567	18,572	9,682
Total	**507,923**	**1,706,578**	**2,365,972**	**3,106,602**

Most reporting countries show an increase in the number of surveillance sites!

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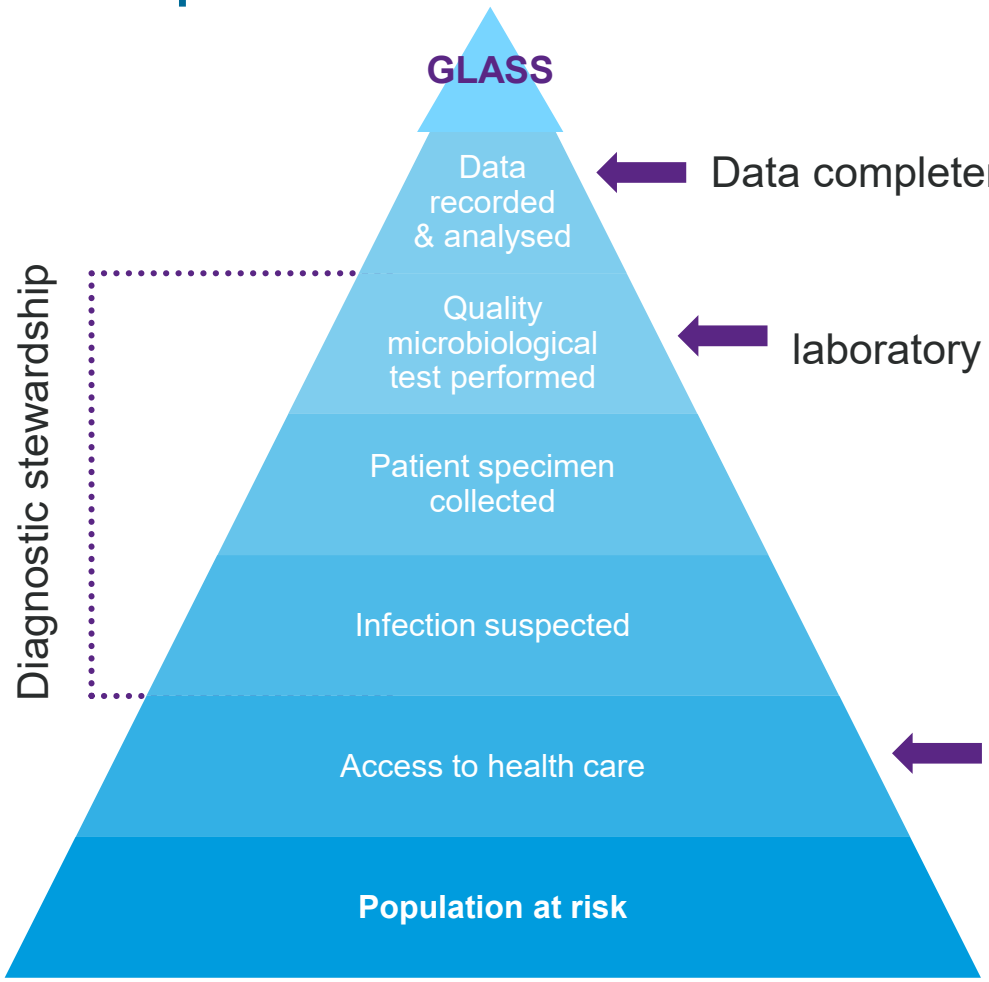
The diagnostic process and quality of the lab network determines the representativeness and reliability of GLASS data



Data completeness & representativeness

laboratory network strengthening (EQA, SCM)

Need for Universal Health Coverage

Issue: out of pocket expenditures

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Sustainable Development Goal AMR Indicator

Goal 3: Ensure healthy lives and promote well-being for all at all ages

TARGET 3.d: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks

Proportion of bloodstream infections among patients due to

- methicillin-resistant *Staphylococcus aureus* (**MRSA**)
- *Escherichia coli* resistant to 3rd generation cephalosporin

Representative surveys with geographic coverage and quality laboratory data

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Understanding the ID patient pathway

Need for evidence generation at country level!

No access
Pharmacy
PHC
OPD
Inpatient
In patient (HAI)

No lab test
Culture, identification
AST - IQA / EQA?
Test per disease syndrome?
Level of health system?
Cost and supply chain?

No treatment (available)
Over the counter
Doctor's choice
Guidelines /AWaRe
Lab based Tx
Quality and affordability

Underlying causes: regulations, access, cost, HR capacity, SCM, guidelines, awareness, … …

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GLASS: An expanding and changing surveillance environment

New initiatives for ‘frontrunners’, but leave no countries behind!

Pilot phase

Routine data surveillance

- Antimicrobial Resistance surveillance (GLASS-AMR)
- Antimicrobial Consumption surveillance (GLASS-AMC)

Focused surveillance

- Emerging Antimicrobial Resistance Reporting (GLASS-EAR)
- Enhanced Gonorrhoeae surveillance (GLASS-EGASP)
- Candida spp. AMR surveillance (GLASS-Fungi)

Surveys and studies

- One Health AMR surveillance (GLASS-One Health)
- Point Prevalence Survey on AMU in hospital
- Assessment of AMR attributable mortality

AMR surveys

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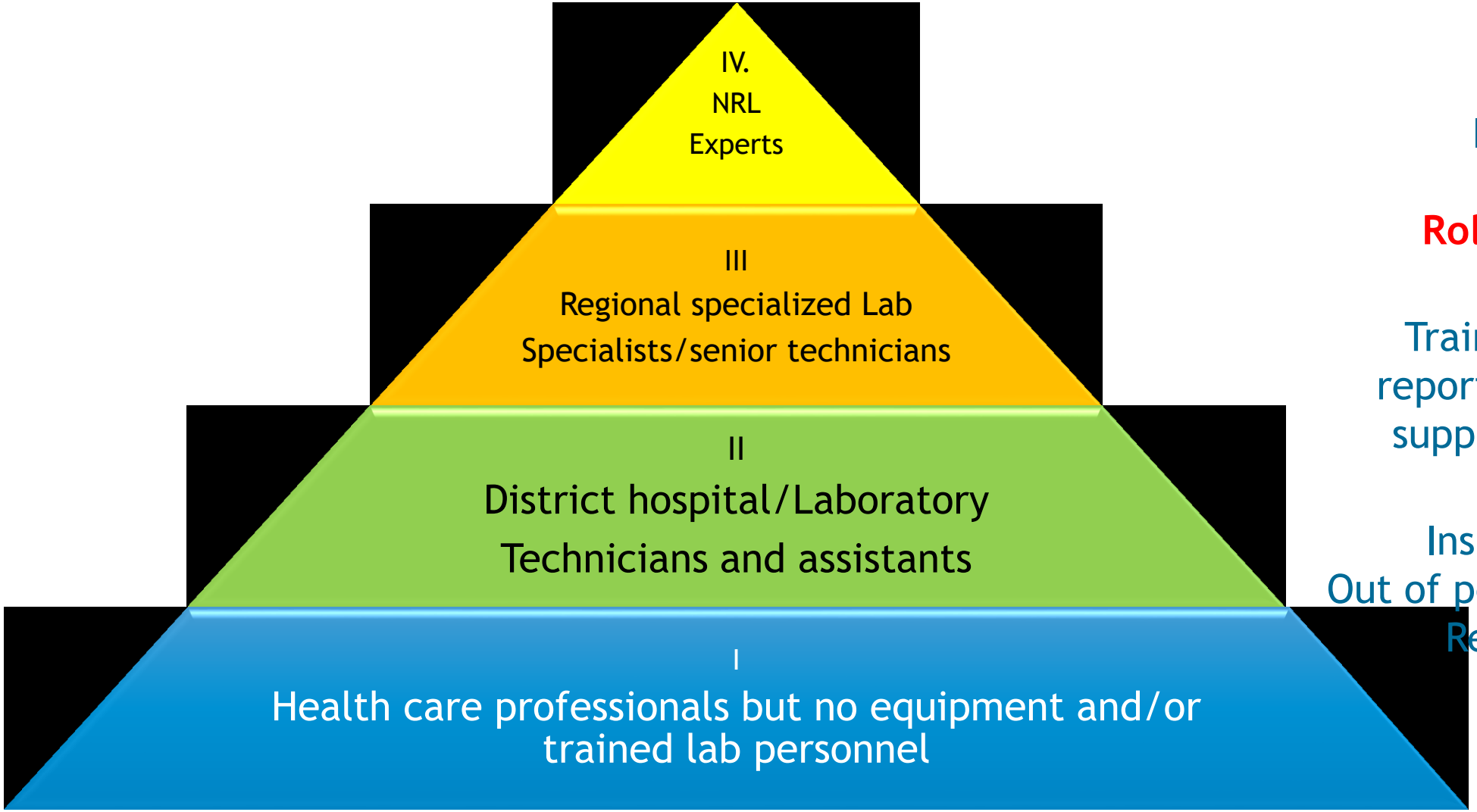
Urgent need for country- specific technical assistance

- **Programmatic approach** of interdependent interventions
- Surveillance is an integral part of the country AMR response
- Laboratory network design & laboratory capacity
- Optimizing the patient pathway (early diagnosis, Tx and IPC)
- Survey preparation and implementation
- Use of data and operational research and links to HIS

Need for country specific AMR lab network design



Culture
Isolation
Identification
AST
Role of new tools?

Training, EQA, SPCM,
reporting, accreditation
supportive supervision

Insurance schemes
Out of pocket expenditures?
Referral systems

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WHO NAP flexible modular costing tool

WHO corporate Technical Assistance Mechanism (AMR TEAM)

Bundling internal and external capacity for optimal support to countries

- Roster development external partners (general NAP and specialized areas)
- Coordinated high quality and timely response to TA needs in countries
- High level assessment and supportive monitoring missions
- Coordination of research initiatives / evidence generation
- Educational package for different target audiences

Reality check: no sufficient funding for country technical assistance

How can we organize ourselves for optimal impact?

Do YOU have an appetite for periodic meetings and participation in AMR TEAM?

- Sharing expertise, experiences and results
- Coordination of / collaboration on
  - Technical assistance, and research at country and global levels
  - Advocacy and resource mobilization
  - Building rosters of qualified consultants
  - Educational tools

Proposal to establish an AMR TEAM Partner Group