





## Surveillance of Antimicrobial Resistance for Local and Global Action

## The Outcome statement

- 1. We, the representatives of Member States of the World Health Organization (WHO), together with technical experts, FAO and OIE gathered in Stockholm on 2-3 December 2014 to discuss and agree on ways to improve local, regional and global surveillance of antimicrobial resistance (AMR).
- 2. With reference to Resolution WHA67.25 and the call for a Global Action Plan for AMR, by the World Health Assembly in May 2014, this meeting aimed at contributing to the development and implementation of this Action Plan as regards AMR surveillance.
- 3. The outcomes of the meetings and consultations to advance the Global Action Plan for AMR held in the Netherlands and Norway earlier this year are other important contributions to the Global Action Plan.
- 4. Sound scientific knowledge, encompassing the causes, prevalence and impact of AMR, is vital to develop and implement strategies to tackle this health threat and to assess the impact of actions to combat AMR.
- 5. The important findings of the first WHO AMR Global Report on Surveillance 2014, that there are significant gaps in surveillance of antibiotic resistant pathogens of major public health importance as well as a lack of standards for methods, data sharing and coordination, underline the urgent need to improve the local, regional and global surveillance of AMR.
- 6. Efforts to collect information on the occurrence of AMR have been made in several areas, but in a fragmented way. While there has been much progress in the development of regional and global surveillance programs for specific diseases, there is no global consensus on standards for data collection and reporting for antibiotic resistance in human health and a lack of harmonization across sectors.
- 7. Based on the above, this meeting shared the conviction that local, regional and global surveillance programs of agreed quality standards are of outmost importance. Only with such programs in place will access to necessary data for tackling the resistance problem, in a systematic and effective way, become a reality. The development and implementation of such programs need to be done in

a stepwise approach, taking into account the different capacities and priorities of Member States and other Stakeholders.

- 8. <u>In order to improve surveillance of AMR, in alignment with resolution WHA67.25, we agree to work together with WHO to establish global surveillance for AMR, that includes:</u>
- making surveillance of AMR a national and global priority and supporting the development of a global programme for surveillance of AMR in human health in accordance with the WHO road map, starting with an early implementation phase of agreed standards and principles for collaboration.
- 10. building the following core capacities needed to collect and report data on prevalence of AMR in an incremental way as part of our national strategies and action plans to address AMR:
- i) Having the ability to collect and analyse data to inform national policies and decisionmaking
- ii) Having the ability to collect, analyse and report data on antimicrobial resistance in a core set of infections and organism/antimicrobial medicines, including relevant data from both health care facilities and the community
- iii) Having access to at least one reference laboratory capable of susceptibility testing to meet the core data requirements, using standardized tests and operating to agreed quality standards
- iv) Having the ability to meet the surveillance needs in relation to specific diseases and action plans of regional and national importance
- v) Sharing of data and information so that national, regional and global trends of significance in the control of AMR can be detected and monitored
- vi) Ensuring the capacity to detect and report newly emerged resistance of potential public health concern, as required under the International Health Regulations (2005).
- 11. Working together to support countries that do not yet have functioning national surveillance programs in place.