Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

Surveillance of Antimicrobial Resistance for Local and Global Action

Stockholm, 2-3 December 2014

Meeting Summary

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Table of Contents

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1. Main Conclusions

A high level technical meeting on Surveillance of Antimicrobial Resistance (AMR) for Local and Global Action, hosted by the Swedish Government, the Public Health Agency of Sweden and the World Health Organization (WHO), was held in Stockholm in December 2014.

There was broad agreement at the meeting among the member state representatives on the need for a global surveillance program on AMR in human health. There was also an over-all willingness to engage in an early implementation of such a program. Furthermore, the WHO proposed collaborative platform and surveillance standards were regarded as a reasonable first step for developing and implementing a global surveillance program.

Participants pointed out the need to allow member states to implement the program in a stepwise approach according to local needs and preconditions. It was also clear at the meeting that many countries are willing to engage in regional networks, twinning projects, quality assurance initiatives and other collaborative mechanisms to strengthen a global surveillance program. Finally, there was a general call to begin the implementation already in 2015.

The meeting created a useful platform and commitment for the work on global surveillance of AMR that lies ahead.

2. Background

Antimicrobial resistance has rapidly become a public health priority for countries all over the world. At the centre of attention is the growing concern for the impact of AMR on gains in public health, on economy and entire societies, as well as an appreciation of the complex global and multi-sectorial aspects of the problem.

At the 2014 World Health Assembly, the member states of WHO adopted resolution WHA67.25 which called upon WHO to lead the development of a Global Action Plan (GAP) for AMR. The draft GAP sets out five strategic objectives: (1) to improve awareness and understanding of antimicrobial resistance; (2) to strengthen knowledge through surveillance and research; (3) to reduce the incidence of infection; (4) to optimize the use of antimicrobial agents; and (5) to ensure sustainable investment in countering antimicrobial resistance.

In order to allow for in depth discussion on the topics addressed in the GAP, a series of meetings were arranged:

Host	Date	Topic
Netherlands	June 2014	Ministerial Conference on Antibiotic Resistance
Norway	November 2014	Responsible Use of Antibiotics
Sweden	December 2014	Global Surveillance Capacity, Systems and Standards

Surveillance of antimicrobial resistance is needed to monitor trends and magnitude of the problem, to inform treatment guidelines and other activities for resistance containment and to assess impact of interventions to control AMR. The first WHO global report on antimicrobial resistance from 2014 showed that there is a need to strengthen national surveillance and to develop and implement a global program for harmonized surveillance of AMR in human health.

In the process of developing a global surveillance program, WHO has arranged a series of technical consultations with experts from leading technical institutions and WHO Collaborating Centres during 2012-2014. Based on these consultations, WHO developed a proposal including standards for surveillance, a platform for collaboration and a general framework for an Early Implementation Phase. These were formulated in draft documents that were circulated before the meeting in Stockholm:

1. WHO Global Platform for collaborative surveillance for antimicrobial resistance. Standards for Antibacterial resistance.
2. Global Surveillance of human pathogens resistant to antimicrobial agents: initial implementation.

3. Objectives of the Meeting

The purpose of the meeting in Stockholm was to raise awareness and commitment to the development and early implementation of a global program for surveillance of AMR in human health based on the proposed standards for surveillance. The main objectives of the meeting were to get input and comments from delegates of member states on the draft standards and the global platform as well as to understand the interest and possibilities for member states to engage in the Early Implementation Phase, (concept note, Appendix 1).

The invitations to the meeting were sent to Ministers of Health of countries proposed by the WHO Regional Offices, with a request to send the Director-General of a national public health agency or another body in charge of surveillance as well as a technical person in charge of AMR surveillance from a relevant body.

Over 100 persons participated in the meeting, including delegates from 30 out of 34 invited countries representing different economic settings in all six WHO regions. The meeting was also attended by several of the experts who participated in the WHO technical consultations for preparation of the background documents, representatives from The Food and Agriculture Organization of the UN (FAO) and the World Organization of Animal Health (OIE), the European Commission, the European Centre for Disease Control and representatives of the Government and governmental agencies of Sweden.

4. The Discussions

The meeting was opened by the Swedish Minister for Health Care, Public Health and Sport, Gabriel Wikström, Keiji Fukuda, Assistant Director-General, Health Security, WHO and Johan Carlson, Director-General, Public Health Agency of Sweden. During the first session, which aimed to set the scene, Professor Otto Cars presented an overview of the AMR problem. Thereafter, Dr Charles Penn from WHO gave an update on the work of WHO, with a focus on the draft Global Action Plan and the WHO proposals on surveillance. In the next session, Professor Hajo Grundmann gave a short review of the present knowledge on surveillance and Dr Nienke van de Sande-Bruinsma from WHO EURO shared the experience from building the European network CAESAR. The presentations from the meeting are available on the meeting webpage www.folkhalsomyndigheten.se/amr-stockholm-2014/.

The main points from these sessions are:

- Data for action: There is a need for knowledge built on local, regional, national and global high quality data that are based on generally accepted standards. Improving data and surveillance is key to tackling AMR. Data are needed at the patient, population as well as the pathogen level.
- The need for political commitment: The multi-sectorial resolution on AMR passed by the World Health Assembly in 2014 shows that, across sectors, there is an agreement on the need to act, and on which basic actions need to be taken. At the consultation on the draft GAP, 130 contributions were received from member states and organizations. This shows that AMR is of great concern, and the coming years will tell if there also is political commitment for action.
- AMR Global Report on Surveillance: The first AMR Global Report on Surveillance demonstrates the magnitude of the AMR problem and points out important gaps in knowledge and data as well as in geographical coverage. The report concludes that AMR is a critical issue, as the risk of prolonged illness and death is higher in patients infected with resistant strains, and that there is a need for better estimates on the economic burden of AMR.
- The importance of setting up networks for data collection and surveillance: the key is to start small and to learn from examples such as ReLAVRA, EARS-Net and CAESAR. Regions starting to develop networks can begin with a few countries and individuals in each nation can take the lead. Annual regional meetings are useful.

The more general presentations above were followed by break-out sessions, where groups organized according to WHO regions discussed the proposed surveillance standards and the platform for collaboration. Afterwards, a feedback session in plenum allowed for ample time to express views on the feasibility of countries to take part in the proposed early implementation and to comment on the WHO documents. Some of the main conclusions from the discussions were:

- There was a wide consensus among the participants regarding the challenges of, but also enthusiasm for and commitment to proceeding with a global AMR surveillance program. The proposed program was considered to be relevant, as it covers important public health issues, and a

reasonable first step for developing and implementing a global surveillance program. However, some clarifications on details of what countries are expected to do are still needed. All countries present at the meeting expressed their willingness to share anonymised data aggregated at national level.

- It was noted that the global surveillance program must be possible to implement in a stepwise approach according to local needs and preconditions. It was also clear that several countries with developed surveillance systems were prepared to support capacity building in countries that will need such support.
- There was a general request at the meeting to start implementation already in 2015.
- In realising global surveillance on AMR, there were expectations that WHO would play two roles; motivating governments to act and provide support to countries through the regional offices to build or strengthen capacity for surveillance. However, it was noted that each government must take full responsibility for the sustainability of the programs even if external funding is needed for capacity building in an initial phase.
- There was consensus that a global surveillance scheme is not meant to replace any current surveillance activities in a country or region. A global surveillance program should, as much as possible, take advantage of systems and tools that are already functioning. All countries need to move forward, and each country should aim to make progress from its current stage. The need for harmonised methods to build a common understanding is obvious also from the global surveillance report.
- There was agreement that it is necessary to have at least some laboratory capacity of assured quality in a country for being able to take part in the global surveillance program. The major challenge is to collect high quality data which also include some core information about the patients. It is also important that those who are familiar with the data are the ones interpreting them, as they know the caveats. In the end, the main purpose of data collection is to use the information for public health action.
- A One Health perspective should always be considered. This is already ongoing in several ways, most notably through the tripartite collaboration between WHO, FAO and OIE.
- The experts who had been involved in the technical consultations confirmed that a number of issues raised at the meeting were the same that had been discussed during the preparatory work, meaning that there is a common view on these issues.
- The level of dedication was high among the participants. Still, it should be noted that the participating countries may not be a representative sample of all countries in the world, but that they may act as champions, share experiences and thereby support others.

5. Outcome Statement

At the final session of the meeting, the participants agreed on an outcome statement (full text, Appendix 2) which emphasizes the pivotal role of surveillance in tackling the AMR problem. The statement also captures the commitment of the participants to work together, as reflected in the following paragraph:

> "***In order to improve surveillance of AMR, in alignment with resolution WHA 67.25, we agree to work together with WHO to establish global surveillance for AMR, that includes:***
>
> 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."

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