

# POLICY BRIEFING ON ANTIMICROBIAL RESISTANCE: WHO EXECUTIVE BOARD

## Are We NAPping Over the GAP (Global Action Plan on AMR)?

When meeting in January 2021, the WHO Executive Board will take up its progress on antimicrobial resistance (AMR) (EB148/11). This update comes five years after the World Health Assembly adopted the World Health Organization's Global Action Plan on Antimicrobial Resistance and nearly two years after the UN Secretary General received recommendations from the UN Inter-Agency Coordination Group on AMR. We commend the WHO AMR Department's strong technical work and the efforts of the Tripartite agencies in laying the foundation for collective, One Health monitoring and evaluation of global action on AMR.

The COVID-19 global pandemic has laid bare the failings of our healthcare system in both developing and developed countries. In less than a year, the toll from COVID-19 exceeds 2 million deaths and trillions in economic losses. AMR poses a similar, or even worse, threat: the World Bank has projected, if unchecked, AMR could push up to 24 million more people into extreme poverty by 2030, and under the high AMR-impact scenario, the world could suffer a 3.8% loss of annual GDP by 2050, with an annual shortfall of US\$3.4 trillion by 2030. Though the World Bank described investing in AMR as "one of the highest-yield development investments available to countries today" in 2017, the Tripartite Joint Secretariat on AMR has managed to muster only US\$13 million from three donor countries to date for the Multi-Partner Trust Fund. With the upcoming first meeting of the One Health Global Leaders Group on AMR following the WHO Executive Board, it is time to take stock--are we on track for implementing the Global Action Plan on AMR?

### Key Performance Indicators (KPIs) are Needed to Benchmark Progress on AMR

The world community has come a long way in developing National Action Plans (NAPs) on AMR, with 138 countries having done so. However, at the five-year mark, only one in five countries participating in the Tripartite AMR Country Self-Assessment Survey (TrACSS) had identified funding sources to implement its NAP. Between this survey and the last, seven countries joined these ranks, but six slid backwards from having identified funding sources. Since the start of the TrACSS surveys, ten countries have slid backwards from having financed their NAPs, and none have restored this funding to date. For countries with funded NAPs, the level of funding is not captured in TrACSS, which makes it challenging to benchmark the ambition of these NAPs against the resources required to take on the local, in-country realities of AMR. With health systems and economies stretched by COVID-19, this will be a key performance indicator to watch in the year to come. The Global Leaders Group also should take up this and other key performance indicators as part of its charge to hold the Tripartite agencies accountable.

### Participation in the Tripartite AMR Country Self-Assessment Survey is down

Country participation is also down in this last Tripartite AMR Country Self-Assessment Survey, falling from 82.0% (159/194) to 70.1% (136/194) in 2019-2020. The Interim Global Analysis Report on TrACSS (2019-2020) suggests that the "lower rate of response for the latest round was most likely due to governments being engaged in COVID-19 response in their country," but responses to the survey were due by February 29, 2020. WHO only recognized COVID-19 as a pandemic on March 11, 2020. Further analysis should be done to explore this drop-off in response rate. More than half the countries (19/36) that dropped from the 2019-2020 TrACSS had not yet developed a NAP on AMR. [1] Non-response to the TrACSS survey could also be an indicator of country needs for greater technical and financial assistance.

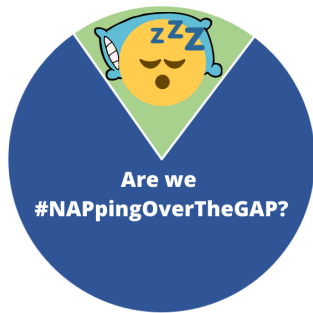
1. Countries were classified as having developed a NAP if they answered C, D, or E on TrACSS item 5.1.

## Saving Antibiotics for Humans Doesn't Work if We're Overusing Them on Food Production

According to the 2019-2020 TrACSS survey, thirty-four countries have adopted the AWaRe classification of antibiotics as part of their national essential medicines lists. [2] Many of these early adopters already were approaching the WHO's goal of at least 60% of the antibiotics consumed by humans being part of the Access category of the AWaRe classification. While implementing the AWaRe classification is a welcome starting point for national stewardship, progress tied to AWaRe could be undone by overuse of antibiotics in food production. In some countries, such as the United States and Netherlands, the amount of antibiotics consumed by animals eclipses that of humans. Adoption of the AWaRe classification should be qualified if the country fails to control the use of watch or reserve antibiotics in food production, and a key performance indicator should reflect the intersectoral commitment to curbing such antibiotic use. The WHO's work on the "Global strategy and plan of action on public health, innovation and intellectual property" (EB148/10) calls for developing guidance documents and implementation tools on how and why to adopt the AWaRe classification, and perhaps this might be a place to take on board the larger One Health picture of the significant use of these classes of antibiotics in food animal production. Furthermore, progress on national stewardship must be contextualized by whether access to antibiotics—influenced by prices, shortages, or stockouts—plays an outsized role in determining antibiotic use in the human sector.

2. Countries were classified as having adopted the AWaRe classification in their national essential medicines lists if they responded C, D, or E on TrACSS item 9.1.1.

Only 1 in 5 countries have identified funding sources for their national action plans.



We must do more to support countries on AMR.

### Click to Tweet:



"Just 1 in 5 countries have identified funding for their National Action Plans for Antimicrobial Resistance. To stop #AMR from becoming the next pandemic & support the @WHO Global Action Plan on AMR, we need to do more. Are we #NAPpingOverTheGAP?"



## Why Are the Tripartite Agencies Not Moving in Concert to Restrict Use of Antimicrobials in Food Production?

Though the TrACSS survey indicates multi-sectoral collaboration is common across country-level NAPs, stronger coordinated policymaking at the global level would be helpful. FAO and OIE have not called for support of the WHO Guidelines on Use of Medically Important Antimicrobials in Food-Producing Animals, nor are these guidelines among the normative sources of guidance offered in the Tripartite AMR Country Self-Assessment Survey Guidance Note. The recommendations from the WHO Guidelines included a call for: 1) an overall reduction in use of all classes of medically important antimicrobials in food-producing animals; 2) complete restriction of use of all classes of medically important antimicrobials in food-producing animals for growth promotion; and 3) complete restriction of use of all classes of medically important antimicrobials in food-producing animals for prevention of infectious diseases that have not yet been clinically diagnosed, among other recommendations. Even the UN Inter-agency Coordination Group on AMR with WHO, FAO and OIE representatives on it called on "all Member States to phase out the use of antimicrobials for growth promotion, consistent with guidance from the Tripartite agencies (FAO, OIE and WHO) and Codex Alimentarius, starting with an immediate end to the use of antibiotics categorized as the Highest Priority Critically Important Antimicrobial Agents on the WHO List of Critically Important Antimicrobials for Human Medicine."

Insofar as differences exist across the Tripartite Agencies on this foundational issue of the management of antimicrobials in food animal production, the Tripartite Secretariat has yet to activate the Independent Panel on Evidence for Action Against Antimicrobial Resistance. Last year's consultation on how this Independent Panel might be comprised led to the unsatisfying result that its membership would be established, and its staffing supported, by the same Tripartite agencies that have been deadlocked over differences on these issues. This has raised concern over whether the Panel would be truly independent, let alone ever charged with resolving such an issue.

Yet the WHO Executive Board's attention is directed instead to the Codex Alimentarius Commission's deliberations on a code of practice on controlling antibiotic resistance in the food system. In the report to the WHO EB, Member States are called upon to enhance "feedback from Health Ministries on the process to review the Codex Code of Practice to Minimize and Contain Foodborne Antimicrobial Resistance, so that the Code reflects public health values." The language of the Code of Practice (COP) was agreed upon on by the ad hoc Codex Task Force on Antimicrobial Resistance (TFAMR) in December 2019 except for three small bracketed parts of the text related to the definition of therapeutic use. So unless countries choose to open up the document at the commission level and send it back to the task force, work on the Code of Practice is finished.

The TFAMR does have substantial work to do on another document, Guidelines for the Integrated Monitoring and Surveillance of Foodborne Antimicrobial Resistance. These guidelines are being discussed in an electronic working group that will advance the document for consideration by the TFAMR in its final meeting planned for October this year. These guidelines would be worthy of attention by Health Ministries. Health Ministries should also be advancing WHO's already adopted Guidelines on Use of Medically Important Antimicrobials in Food-Producing Animals and requesting that OIE make public rather than keep confidential the identity of countries that continue to use critically important antimicrobials (such as the last-line antibiotic, colistin, for human medicine) for growth promotion in food animal production. According to the TrACSS survey, AMR surveillance, particularly in the food system, remains inadequate. Only 40% of participating countries reported systematically collecting data on AMR in food systems. [3] The Tripartite Joint Secretariat on AMR, housed at WHO, certainly has much work to get moving on.

3. Countries were classified as having a systematic data collection approach if they responded D or E to TrACSS item 7.5 (a).



**Let's not sleepwalk  
our way into the next  
pandemic**

**Support the work of  
countries on AMR**

**Are we  
#NAPpingOvertheGAP ?**

## Tracking Country Progress on AMR Needs External Benchmarks

The TrACSS survey itself has proven valuable, but it may require further revisions and external benchmarking. Some questionnaire items are one-way ratchet questions. For example, once a country develops a National Action Plan on AMR, it is unlikely that it will become undone in subsequent surveys. The same might similarly be said of a country's adoption of laws or regulations on antimicrobial use. Therefore, the questionnaire may need to evolve to capture other dimensions about implementation of such policies more effectively. In the Interim Global Analysis, responses to only one questionnaire item were benchmarked externally. These related to the "national coverage of the proportion of healthcare facilities with basic water supplies, basic hand hygiene facilities and functional sanitation facilities." External benchmarking of the TrACSS survey responses against the WHO-UNICEF Joint Monitoring programme (page 24) revealed some differences, particularly over: "The self-reported TrACSS global average for proportion of healthcare facilities with basic water services was 90.21%, while the validated WHO and UNICEF Joint Monitoring programme report places the global average at 75% in 2016." The WHO Department of AMR was forward-thinking in highlighting the importance of vaccination as a means to reduce AMR in the GAP's third strategic objective. Benchmarking progress on strategies like vaccination might also complement TrACSS.

## Where is the Five-Year Review of GAP Implementation?

In addition to the One Health Global Leaders Group's charge to develop key performance indicators, the Tripartite Agencies' Monitoring and Evaluation of the Global Action Plan on Antimicrobial Resistance committed to a five-year review: "An independent assessment will take place within the first five years of the GAP implementation, concentrating on the lessons learned at the country, regional and global levels. It should inform revisions to the GAP. From the fifth year, an independent evaluation will assess the impact and value for money and identify opportunities to increase impact." This could not be more timely to carry out, but no mention is made of this review in this report to WHO's Member States. What are the plans for this independent assessment at the five-year mark this year?

### Click to Tweet:



".@WHO @FAO @OIEAnimal cannot manage what they cannot measure. Key performance indicators are needed to benchmark progress on antimicrobial resistance. Where is the five-year review of the Global Action Plan on AMR? Support NAPs, not #NAPpingOverTheGAP."



The UN Multi-Partner Trust Fund on Antimicrobial Resistance has only \$13M. @WorldBank projects that #AMR may push up to 24M more people into extreme poverty & cost \$3.4T/year by 2030. We can pay now or pay much more later. Are we #NAPpingOverTheGAP? #EB148 <https://ctt.ec/b4DoP+>

## COVID-19 Should be a Wake-up Call for Addressing AMR

In the midst of a pandemic, some might set aside AMR concerns for another time. However, that would just compound the mistake of missing the joint opportunity of addressing both emerging infectious diseases at the same time. With crisis, there is opportunity to consider how we might tackle challenges of surveillance, zoonotic disease transmission, hand hygiene, infection prevention and control, respiratory support for patients, low-cost point-of-care diagnostic platforms, more effective vaccination outreach, and other infrastructure that would serve healthcare delivery systems well, both for COVID-19 and AMR.



JOHNS HOPKINS  
BLOOMBERG SCHOOL  
of PUBLIC HEALTH

Innovation + Design Enabling  
Access (IDEA) Initiative

This document provides analysis on the WHO's Executive Board agenda item on AMR (EB148/11) taken up at its January 2021 meeting. Learn more about ReAct - Action on Antibiotic Resistance and the Innovation + Design Enabling Access (IDEA) Initiative and subscribe to the ARC Newsletter, a free newsletter put out by the Secretariat of the Antibiotic Resistance Coalition, housed at the IDEA Initiative/ReAct Strategic Policy Program.