



World Health
Organization

International Perspective on COVID-19 and AMR

Presentation for the Presidential Advisory Council on Combating
Antibiotic-Resistant Bacteria

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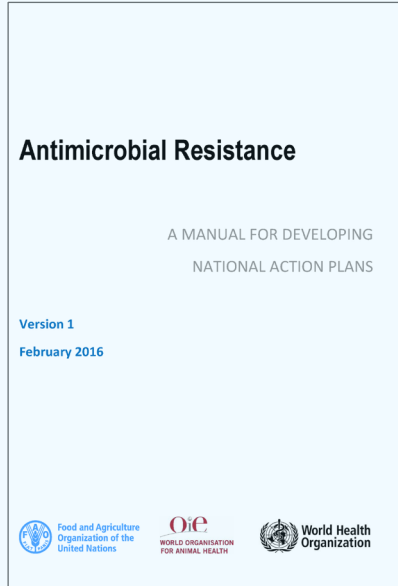
- Why is AMR a complex healthcare threat to tackle?
- AMR specific miles stones
- AMR National Action Plan and surveillance
- COVID and AMR Stewardship
- COVID and AMR Infection Prevention and Control
- AMR and TPJS
- Summary

AMR National Action Plan and Surveillance

AMR National Action Plans

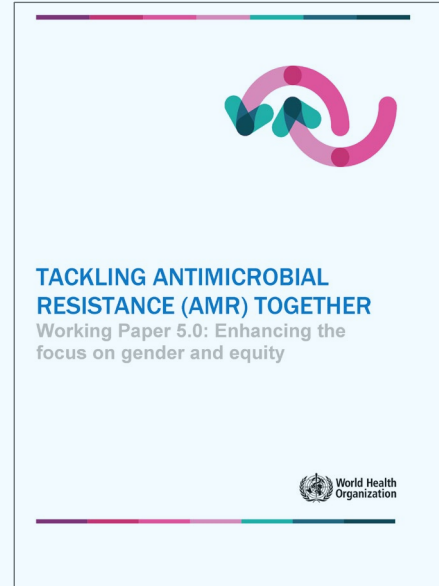
Guidance for Member States

2016



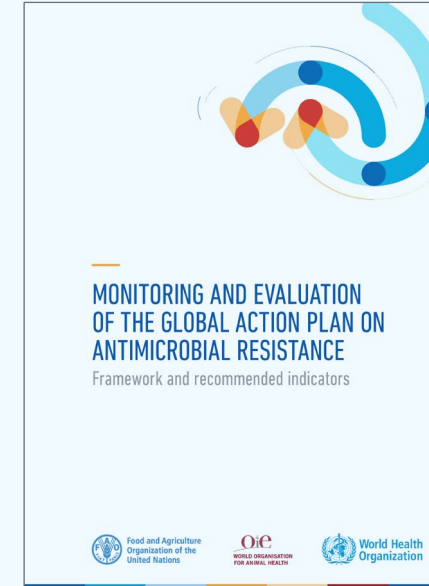
Manual for
NAP Development

2018

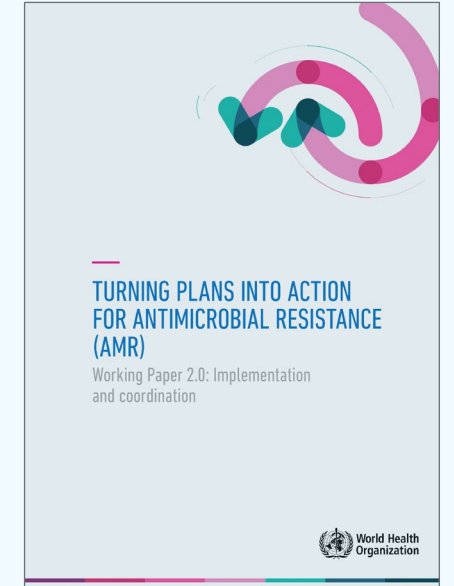


Working Paper 1.0:
Multisectoral
Coordination

2019



Global M&E Framework
and Recommended
Indicators



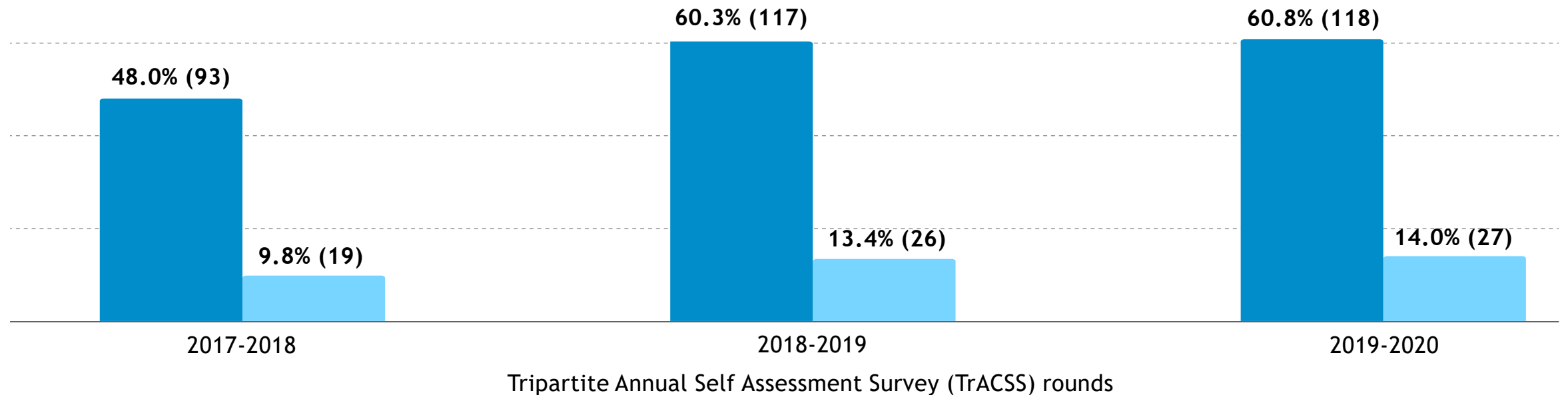
Working Paper 2.0:
Implementation and
Coordination

Challenge: Translating plans into implementation

Many countries developed tripartite NAPS, but the vast majority are not costed

National Action Plans (NAPs), Developed vs Funded %(N)

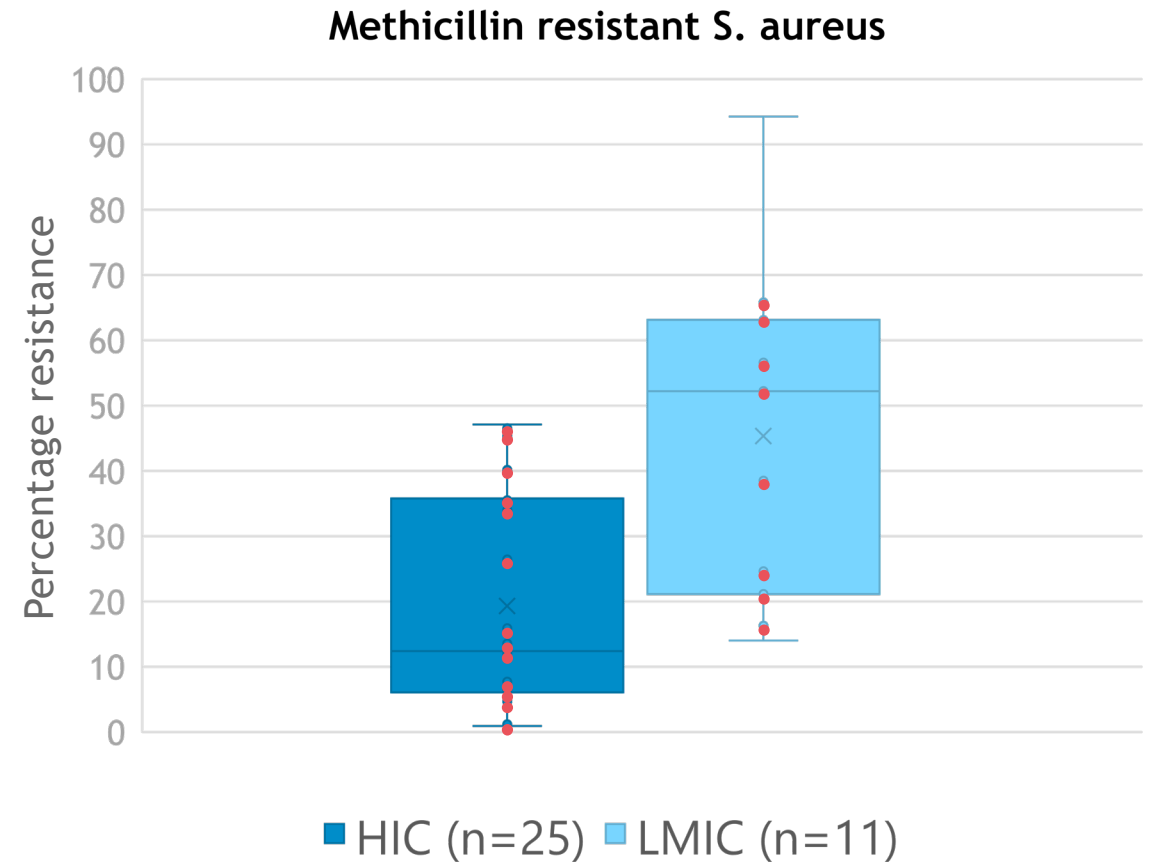
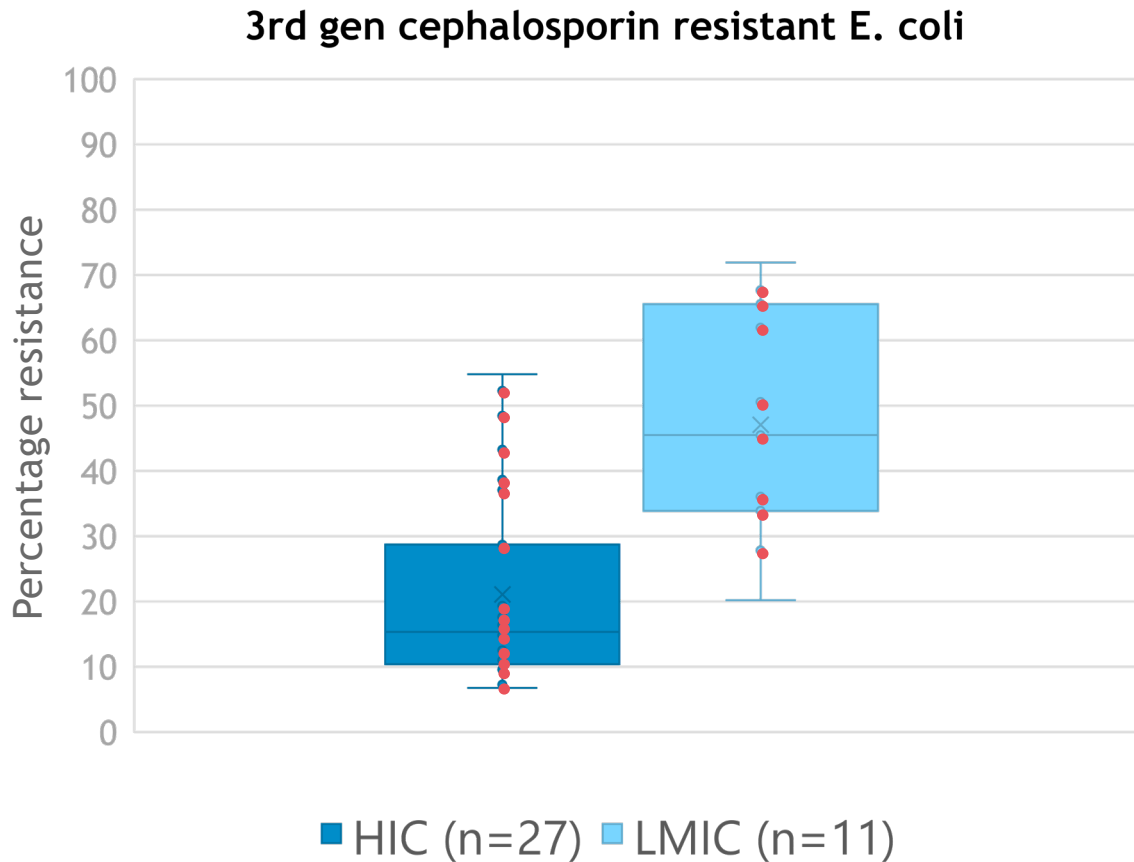
● NAPs developed ● NAPs funded



Note: *Data from regional offices and other alternate sources show 135 total NAPs developed, this discrepancy could be because of lower response rate due to COVID-19 for 2019-2020 TrACSS (136 responses in 2019-20 vs 159 responses in 2018-19)**Percentages are calculated from 194 total Member States

Median proportions* of resistance for SDG indicators for AMR in BSI

Low- and middle-income countries (LMICs) need urgent support and analysis of underlying causes



Note: *Countries that reported < 100 isolates with antibiotic susceptibility testing results were excluded from the analysis

Antimicrobial usage

Antimicrobial use among COVID patients

Excess use notes among hospitalized patients

Rawson TM et al. CID, 2020 May 2;ciaa530. doi: 10.1093/cid/ciaa530.

Methods:

Online search of 1007 abstracts and 18 full texts on patients with coronavirus infection.

Results:

62/806 (8%) patients were reported as experiencing bacterial/fungal co-infection.

Secondary analysis, 1450/2010 (72%) of patients reported received antimicrobial therapy.

Townsend L et al. JAC Antimicrob Resist. 2020 Sep;2(3):dlaa071. doi: 10.1093/jacamr/dlaa071.

Methods:

A prospective study on Inpatients with confirmed SARS-CoV-2.

Results:

A total of 117 patients were recruited.

Respiratory pathogens were identified in seven (6%) patients.

84 (72%) were prescribed antimicrobial therapy for lower respiratory tract infections.

S Hughes et al. CMI. 2020 Jun 27;S1198-743X(20)30369-4.

Methods:

A retrospective case series of hospitalized patients with confirmed SARS-CoV-2 across two acute hospitals.

Results:

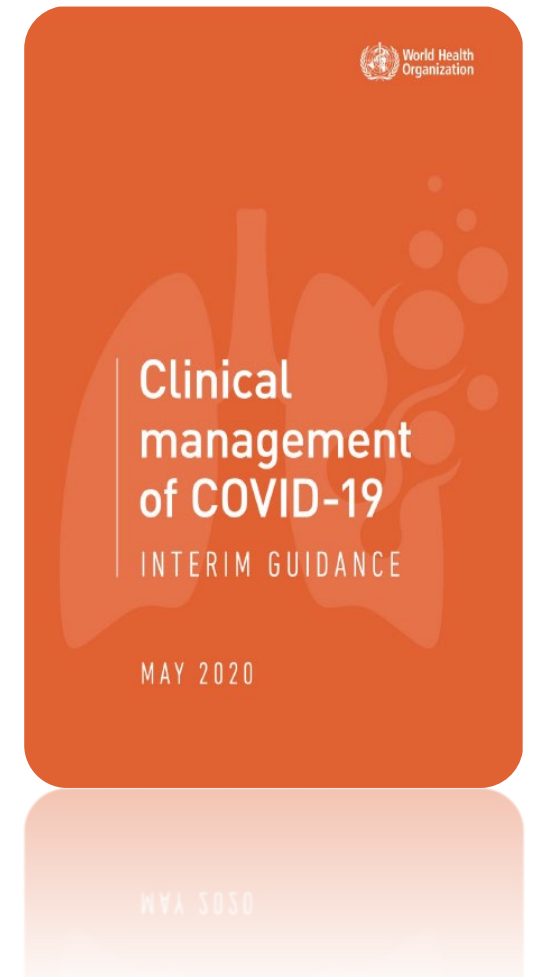
A total of 836 patients with confirmed SARS-CoV-2 were included.

27 (3.2%) and up to 51 (6.1%) of 836 had early and later confirmed bacterial isolates identified respectively.

Country support on AMS during COVID-19

The updated clinical management of COVID

- Not to use antimicrobials for:
 - treatment or prophylaxis for suspected or confirmed mild cases
 - suspected or confirmed moderate cases unless there is suspicion of bacterial infection
- Suspected or confirmed severe cases should be treated with empiric antimicrobial agents based on clinical judgement, patient host and epidemiological factors and should be done as soon as possible with frequent review for appropriate de-escalation



The Essentials Medicines' List antibiotic guide

Access, Watch and Reserve (AWaRe)

Access group

Empiric treatment of most common infections

Be widely available, at affordable price, of assured quality

Watch group:

Higher resistance potential than Access

Use as empiric treatment should be limited

Access expanded, but also be target for AMS interventions

Reserve group:

'Last resort' treatment options, higher resistance potential

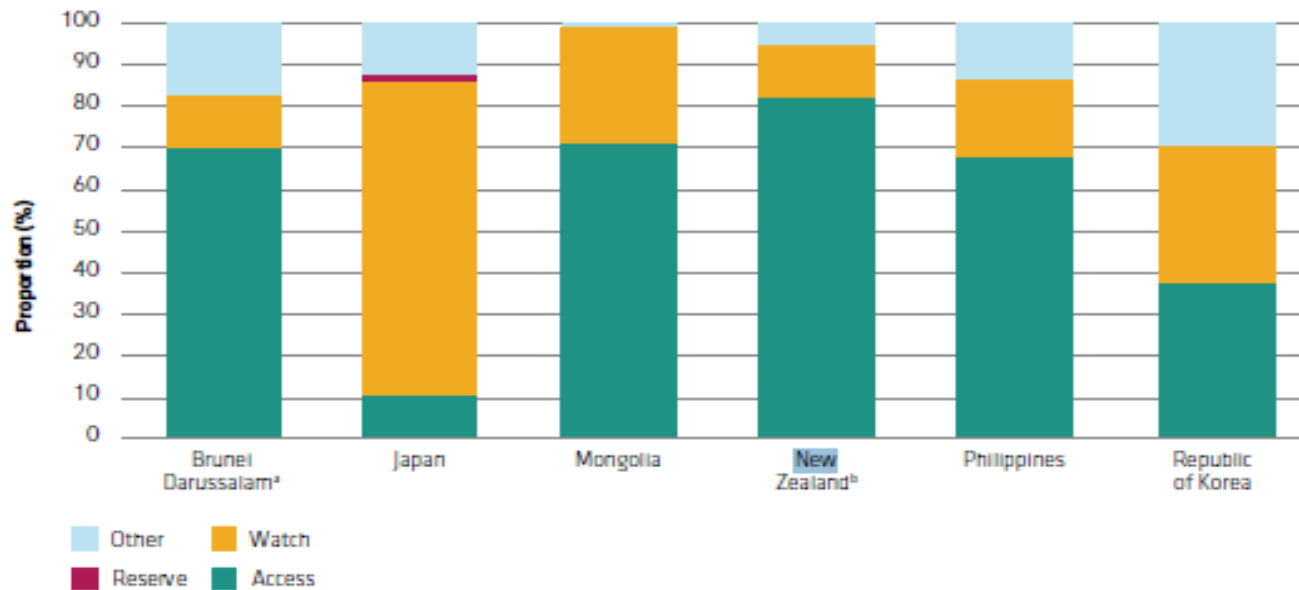
Key targets for antimicrobial stewardship interventions

Antimicrobial Consumption Surveillance 2016-18

Data to drive action to optimize antibiotic use and improve access

FIGURE 12

Proportional consumption (%) of antibiotics by AWaRe classification in six countries of the Western Pacific Region, 2015²²



^a Only public sector reported.
^b Only community consumption reported.

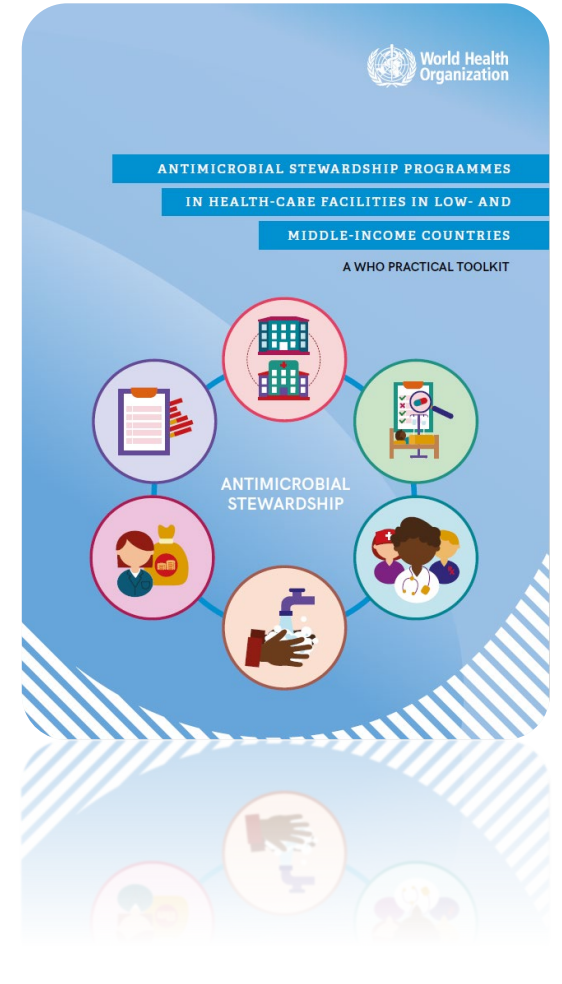
2018 (65 countries)



Optimize the use of antimicrobial medicines

A practical toolkit on antimicrobial stewardship programs in MLIC HCFs

- WHO AMS toolkit: programmatic approach on **how to plan, implement and evaluate AMS activities**
- Preserve existing antibiotics - effective for today's and tomorrow's patients
- Increase access to essential antimicrobials; **strengthen health systems/ UHC**
- WHO provides regional and country training of WHO AMS consultants to accelerate country support



Infection Prevention and Control

Infection Prevention and Control

An overview of the IPC WHE COVID response

IPC guidance:

- 12 technical guidance documents accompanied by risk communication resources plus input into cross cutting guidance documents such as schools, hotels, public health, travel and interagency guidance.

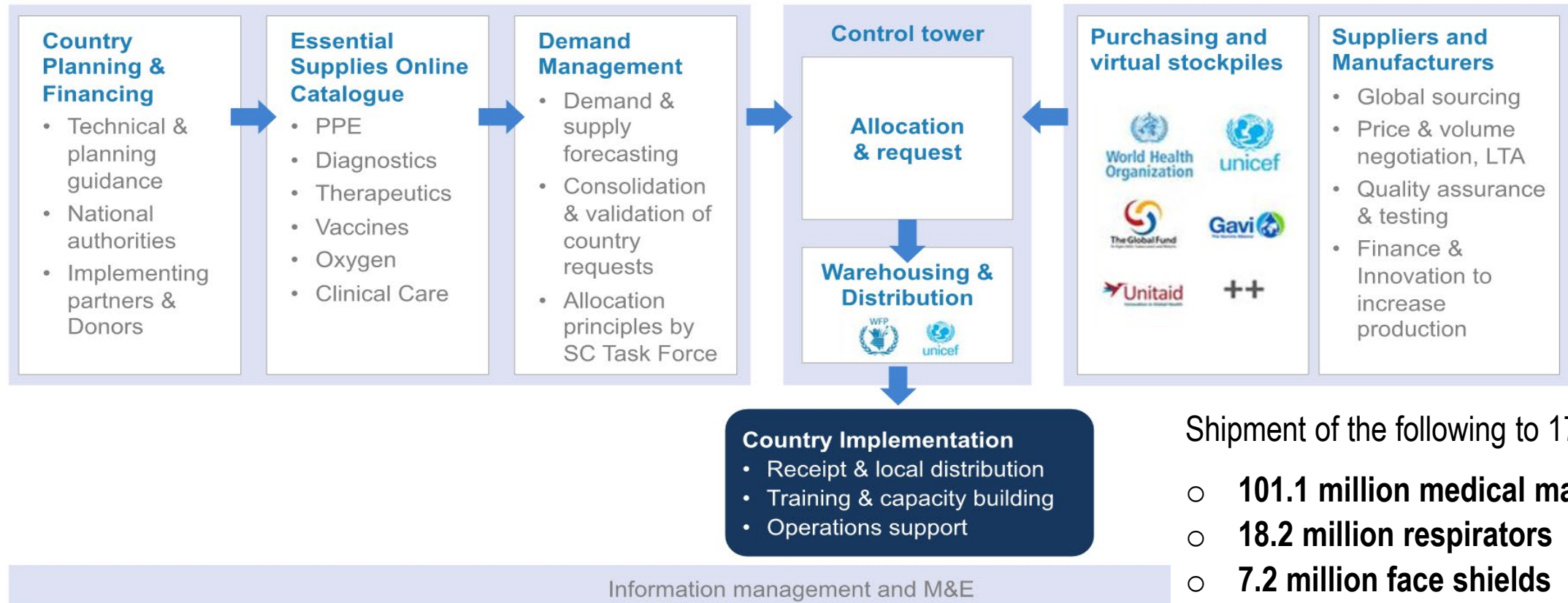
• Training:

- IPC channel on the OpenWHO platform with > 20 IPC COVID-19 and other IPC courses in multiple languages with over 1 Million enrollments
- Webinar series

• IPC research:

- Expert groups
- Six living systematic reviews informing WHO guidance
- Scientific brief on the SARS-COV-2 Modes of transmission, followed by a Global Multi-Disciplinary Discussion Forum on this topic, held on August 4 with over 700 participants
- Multi-country case control study on “Assessment of risk factors for coronavirus disease (COVID019) in health workers” with currently confirmed 36 sites

Coordinated demand, supply, allocation and distribution mechanism form the backbone of the COVID Supply Chain System

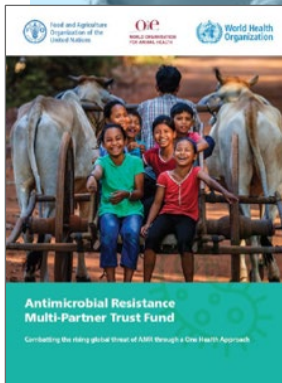


Shipment of the following to 172 countries:

- **101.1 million medical masks**
- **18.2 million respirators**
- **7.2 million face shields**
- **2.1 million gloves**
- **3.5 million gowns**
- **1 million goggles**

The Tripartite Joint Secretariat

Tripartite Joint Secretariat established and AMR Multi-Partner Trust Fund operational



•Notes: 13M USD raised for MPTF and implementation commenced in nine countries. Five-year tripartite strategic framework in development. Voluntary division of labour among organisations ongoing





SUMMARY

- The emergence and spread of AMR is a reality and in the presence of COVID it is not slowing it down
- Concerns for delays in AMR specific interventions, specifically ASP
- Potential benefits form enhanced IPC efforts
- Global collaborative efforts are needed to achieve our goals in slowing down the emergence of AMR, and should be inclusive of the 5 AMR-GAP pillars

Thank you