WHO supporting activities on AMR in the European region



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World Antimicrobial Awareness Week

3/10/2021

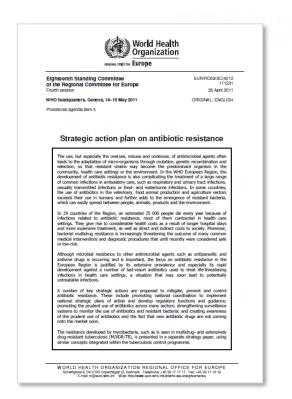
European strategic action plan on antibiotic resistance (2011 – 2020)



WHO European action plan adopted by all 53 Member States

Recognizing

- AMR neglected in many countries of the region
- No systematic AMR surveillance in large part of the Region
- Need for intersectoral coordination
- International spread through travel and trade
- Need for international standards and data sharing



Implementation activities (2012-2020)



Policy support

- National stakeholder meetings
- Intersectoral Coordination Mechanism
- National AMR action plans
- Evidence-informed policy briefs
- FAO/OIE/WHO One Health policy meetings

Resources

- Protocols, manuals, templates, tools, videos
- Consultants/experts, partners







Implementation activities (2012-2020)



Training/capacity building

- Antimicrobial stewardship
- Infection prevention and control
- Standardized laboratory methods
- Data management and analysis
- Behavioural insight training

Research/projects

Surveillance network activities

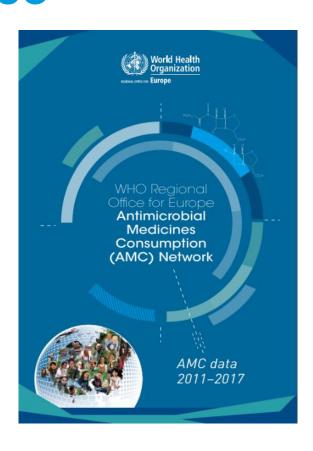


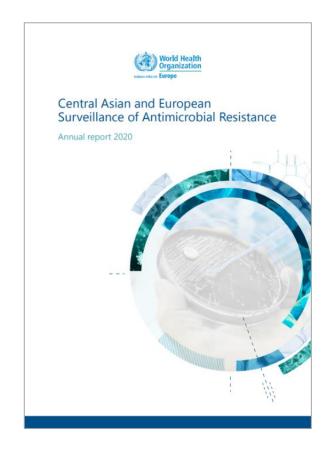


Surveillance of antimicrobial use and resistance



Antimicrobial
Medicines
Consumption
network
(AMC)



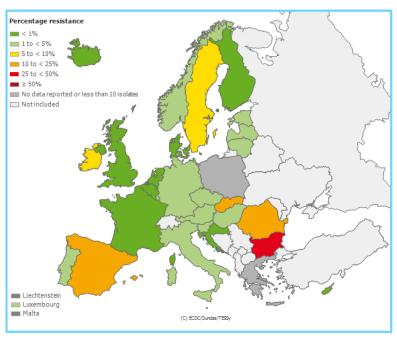


Central Asian and European Surveillance of Antimicrobial Resistance network (CAESAR)



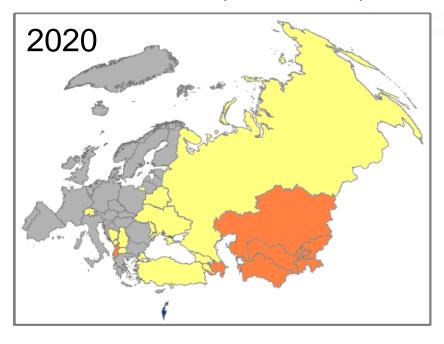
Expanding AMR surveillance throughout Europe

European Antimicrobial Resistance Surveillance Network (EARS-Net)



European Centre for Disease Prevention and Control

Central Asian and European Surveillance of AMR (CAESAR)

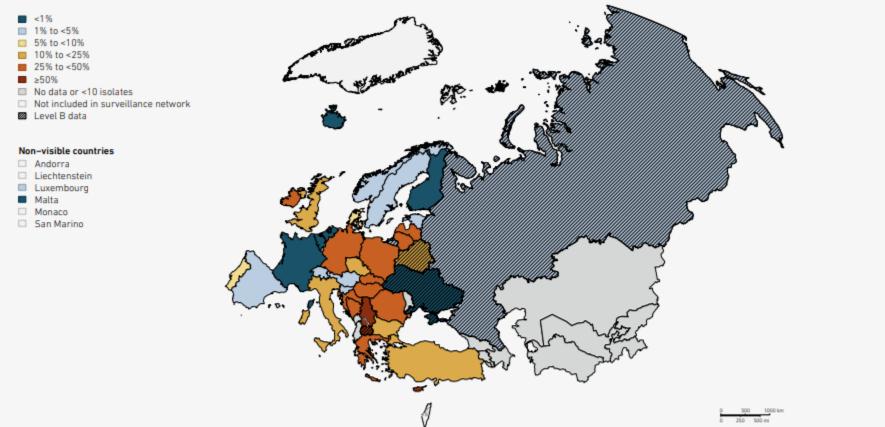


World Health Organization Regional Office for Europe

- □ Countries submitting data to CAESAR□ Countries building capacity for CAESAR participation
- Countries invited for CAESAR participation
- Countries participating in EARS-Net

AMR surveillance data in the European region World Health Organization





Level B data: the data provide an indication of the resistance patterns present in clinical settings in the country or area, but the proportion of resistance should be interpreted with care. Improvements are needed to attain a more valid assessment of the magnitude and trends of AMR in the country or area. See section 5.2 for more information about levels of evidence, which are only provided for CAESAR countries and areas.

EARS-Net countries: Austria, Belgium, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, the Netherlands, Norway, Poland, Portugal, Romania, Slovakia, Slovenia, Spain, Sweden and the United Kingdom.

CAESAR countries and areas: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Montenegro, North Macedonia, the Republic of Moldova, the Russian Federation, Serbia, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan and Kosovo¹. Data for Serbia and Kosovo¹ were combined for this map.

All references to Kosovo in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Data sources: 2019 data from the Central Asian and European Surveillance of Antimicrobial Resistance (CAESAR, @WHO 2020) and 2019 data from the European Antimicrobial Resistance Surveillance Network (EARS-Net, ©ECDC 2020). Data for Slovenia were obtained from the Slovenian National Institute of Public Health. Map production: Public Health Information and Geographic Information Systems (GIS), World Health Organization. ©WHO 2020. All rights reserved.

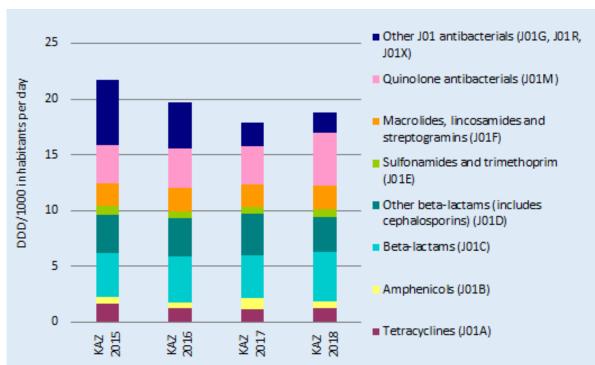
Region (EARS-Net and CAESAR), by country vancomycin 2. WHO

60 by 2023

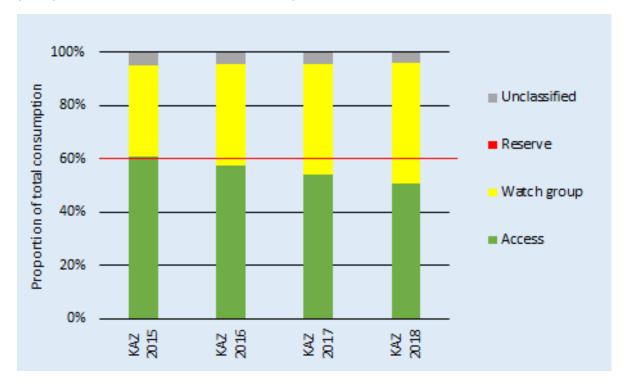


By 2023, 60% of all antibiotics consumed must come from **Access** - the group of antibiotics at lowest risk of resistance.

Total consumption of antibacterials for systemic use (J01) by pharmacological subgroup



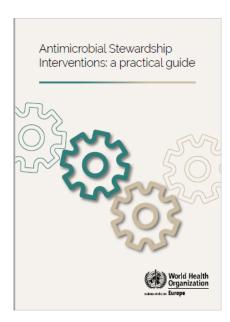
Relative consumption by WHO AWaRe* classification as a proportion of total consumption

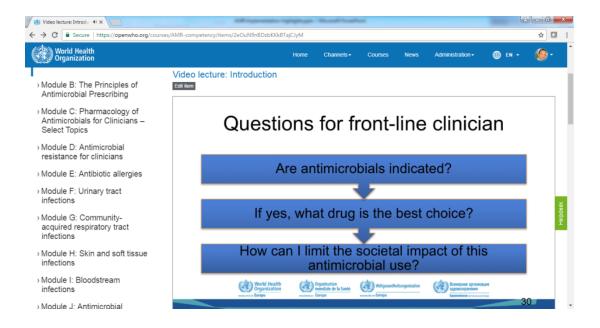


Antimicrobial stewardship



- Online course: "Antimicrobial Stewardship: A competency-based approach" (https://www.openwho.org/) – Multiple languages
- Stewardship courses
- Guidance document
- Pilot projects





Core components of infection prevention and control programmes at the national and acute health care facility level















Core Component 2
IPC Guidelines

Core Component 3 IPC Training/Education

Core Component 4
HAI Surveillance







Core Component 6 Monitoring, audit & feedback









AMR & COVID-19

Antimicrobial resistance (AMR) occurs when microorganisms (such as bacteria and viruses) change after being exposed to antimicrobial drugs. These changes can mean they become resistant to the drugs used to treat them. There are different types of antimicrobials which work against different types of microorganisms, e.g. antibacterials or antibiotics against bacteria, antivirals against viruses, antifungals against fungi, etc. Antibiotic Resistance is caused by the persistent overuse and misuse of antibiotics in human and animal health.



AMR and COVID-19



Antibiotics don't treat or prevent viruses, including the one that causes COVID-19!



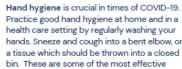
Antibiotics only work against bacterial

What's more, inappropriate antibiotic use raises the risk of antibiotic resistance which puts everyone at risk from even mild infections.

When might COVID-19 patients be given antibiotics?



Some patients with COVID-19 may develop bacterial co-infection. If this is the case, then health workers might prescribe antibiotics to treat the secondary bacterial infection in those





ways of reducing the spread of many infections, including antibiotic resistant organisms.

Never self-medicate with Practice good hygiene at all times! antibiotics!

hands. Sneeze and cough into a bent elbow, or a tissue which should be thrown into a closed





It's important to listen to the advice of

medical help and don't try to diagnose

doctors. If you feel unwell, seek out

yourself and self-medicate with

antibiotics. Remember - only

take antibiotics if you have

been prescribed them

#COVID19 #Coronavirus #AMR #antibioticresistance

Correct diagnosis is key!

Correct diagnosis is vital for treatment. Testing helps distinguish viral (such as the virus that causes COVID-19) from bacterial infections. This makes it far less likely that antibiotics will be unnecessarily prescribed and used, in turn lowering the risk of antibiotic resistance and optimizing patient





https://www.euro.who.int/en/health-topics/disease-prevention/antimicrobial-resistance/education,-awareness-and-behaviour-change/infographics/infographic-amr-and-covid-19

10/03/2021 Title of the presentation 11





Antibiotics don't treat or prevent COVID-19





Some antimicrobials used to treat infection in **animals** are the same as those used for **humans**.



A One Health

approach to stop overuse reduces antimicrobial resistance.





Stop antibiotic misuse especially in the flu season and during the COVID-19 pandemic





What is One Health?

When animal and human health sectors work together to prevent the overuse of antibiotics.

That's One Health.





Take antibiotics as prescribed — don't self-medicate







The greatest protection against COVID-19, flu and antimicrobial resistance – GOOD HYGIENE

WAAW 2020 messages

Advocating for the link between AMR and major themes





AMR and

- Covid-19
- Food Safety
- SDG
- Behavioural insights
- Better lab quality
- Cancer
- Health workforce
- Migration
- Vaccination
- Gender
- Child and Adolescent health

Acknowledgments



Control of AMR

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WHO Country Offices and HQ

WHO Collaborating Centers

- AMR Epidemiology and Surveillance (NET)
- Capacity Building on AMR Surveillance and Research (RUS)
- Reference and Research on AMR and Healthcare Associated Infections (UNK)
- AMR Containment (SWE)



























Thank you for your attention