

Invitation to participate in WHO-IAMM Network for Surveillance of Antimicrobial Resistance (WINSAR)

Antimicrobial resistance (AMR) is recognized as a complex global public health threat that requires joint efforts by stakeholders across various disciplines. The Global Action Plan on Antimicrobial Resistance (GAP-AMR) was endorsed by all WHO Member States in May 2015 with a commitment to develop their National Action Plans on Antimicrobial Resistance (NAP-AMR) by May 2017. The Indian National Action Plan on Antimicrobial Resistance (NAP-AMR) was launched on 19 April 2017 at the Inter-ministerial Consultation on AMR. The NAP-AMR aims to effectively contain AMR in India, and contribute towards the global efforts to tackle this public health threat.

Strengthening AMR surveillance is the focus of strategic priority 2 of GAP-AMR and NAP-AMR. Surveillance of AMR tracks changes in microbial populations, permits the early detection of resistant strains of public health importance, and supports the prompt notification and investigation of outbreaks. Surveillance findings are needed to inform clinical therapy decisions, to guide policy recommendations, and to assess the impact of resistance containment interventions.

National Centre for Disease Control (NCDC) and Indian Council of Medical Research (ICMR) established their AMR surveillance networks across India, and currently both have approximately 20 surveillance centres in their network. Safdarjung hospital is coordinating the Indian Gonococcal Antimicrobial Susceptibility Programme (GASP) that monitors AMR in *Neisseria gonorrhoeae*. NCDC was designated as the national coordinating centre for AMR surveillance in India on 5 July 2017. India enrolled in the Global Antimicrobial Resistance Surveillance System (GLASS) on 21 July 2017. NCDC submitted national AMR data (for the year 2017) from 20 institutions in NCDC and ICMR networks and the data from GASP network in June 2018.

India is a huge country and hospitals and institutions currently networked for AMR surveillance are probably not sufficient to represent the diversity across India. Although few private institutions are part of ICMR network, NCDC network has institutions that are exclusively from the public sector. In addition, gaps exist when the institutions in these 2 networks are mapped, with no representation from many states and union territories. Therefore the number of surveillance sites needs to be augmented for a more comprehensive and representative surveillance of AMR across India that better captures the AMR burden across the country.

AMR containment is recognised as a WHO priority under WHO's Global Programme of Work (GPW). It is a flagship priority of the WHO Regional Office for South-East Asia and also an identified priority in the WHO Country Cooperation Strategy (CCS) of WHO India office. The Indian Association of Medical Microbiologists (IAMM) is a professional association of more than 1500 medical microbiology professionals across India, and recognizes AMR containment as its priority.

To strengthen and expand AMR surveillance in India, World Health Organization (WHO) and Indian Association of Medical Microbiologists (IAMM) are collaborating to establish a supplementary AMR surveillance network called the WHO-IAMM Network for Surveillance of Antimicrobial Resistance (WINSAR). It shall serve as a dynamic platform to share reliable and representative AMR data from hospitals/laboratories across India, including private centres of excellence.

WINSAR objectives

- Foster the expansion and supplementation of national AMR surveillance efforts;
- Analyse and report WINSAR data to NCDC on a regular basis;

- Contribute towards the estimation of extent and burden of AMR; and
- Detect emerging resistance and its spread in India

The initial focus of surveillance in WINSAR shall be bacterial drug resistance. The participation in WINSAR is voluntary and key staff from participating institutions shall be trained for standardized antimicrobial susceptibility testing, data management and development of antibiograms. The WINSAR shall be coordinated jointly by WHO and IAMM, and collated

WINSAR data shall be shared with NCDC, which is coordinating the National AMR containment programme and is also the designated national coordinating centre for AMR surveillance in India.

WINSAR prerequisites

A. Essential

- 1) Regular documentation of internal quality control (IQC) for antimicrobial susceptibility testing using standard strains and media
- 2) Continuing participation in Microbiology external quality assessment scheme (EQAS) for at least last 2 years, with minimum 75% score in identification/susceptibility testing
- 3) Willingness to share AMR data with WINSAR

B. Desirable

- 1) Accreditation of laboratory or institute by National Accreditation Board for Testing and Calibration Laboratories (NABL) or National Accreditation Board for Hospitals & Healthcare Providers (NABH)
- 2) Regular generation of institutional antibiograms
- 3) Using WHONET or other laboratory software to capture AMR data electronically

Expression of Interest (EoI) is invited from Indian hospitals/institutions with functional microbiology departments fulfilling the pre-requisites, to enrol as a member institution in WINSAR. Kindly submit EoI by email along with filled-in proforma (attached) before 30th January, 2019 to sharmaan@who.int & drblsherwal@gmail.com

Submissions shall be reviewed jointly by WHO and IAMM for inclusion in WINSAR, to finalise the list of WINSAR member institutions, by 31 January 2019