Folkhälsomyndigheten
PUBLIC HEALTH AGENCY OF SWEDEN

Early implementation of the WHO Global Antimicrobial Resistance Surveillance System GLASS

Finland, Germany, Latvia, Lithuania, Norway, Poland, Russian Federation and Sweden collaborated within the framework of the Northern Dimension Partnership in Public Health and Social Well-being (NDPHS) to share lessons from the early implementation of GLASS.

Background

At the World Health Assembly 2015, the WHO Member States adopted a resolution on a Global Action Plan to contain antimicrobial resistance (AMR). Among the five strategic objectives in the plan, one is to increase knowledge and evidence through surveillance. For this purpose a harmonized global antimicrobial resistance surveillance system (GLASS) was developed by the WHO and launched for enrollment in 2016.

The project NorthernGLASS

The aim of NorthernGLASS was to collect feedback on the supportive material for early implementation of GLASS developed by the WHO, and on the countries' process during 2016 of the early implementation of the surveillance system as such.

Feedback on supportive material from WHO

The participants percieved the available documents to be clearly written although they thougt that there were too many of them.

The documents focus on countries with limited capacity for national surveillance, while there is less guidance for countries which already have national surveillance. This means there is little focus on how such countries should move towards alignment with GLASS.

The participants would appreciate material on how to address challenges with, and arguments for, aligning with GLASS if the country already has a laboratory-based national surveillance system. Such systems may have been in operation for decades; what is the value to do more? Improving existing national surveillance comes at a cost and those paying must be persuaded to do so.

Aspects on GLASS methodology

Specific challenges with the GLASS methodology as such were:

- the concept of a surveillance site (as most existing surveillance is laboratory based),

Lessons learned during the project

Despite challenges, countries could see an added value both locally and nationally with implementation of GLASS thereby improving and expanding existing surveillance.

The supportive documents from WHO are clear and well written. However, the large number of documents makes it difficult to know where to start.

The documents target countries with limited capacity for AMR surveillance. Countries with existing surveillance find it difficult to use the documents and to understand how to align with GLASS at a reasonable cost.

More resources will be needed to expand present surveillance according to EARS-Net and CAESAR methodology to include other specimen types and pathogens as proposed in GLASS.

- IT-related issues, e.g. to extract data from a laboratory information system and merge with core patient data from a hospital information system,
- to obtain denominator data.

It was also suggested that the WHO better define what information is wanted in GLASS at local, national and global level, respectively, as well as what is needed to achieve this.

Main encountered obstacles

Several participating countries reported shortage of human resources and financing in order to be able to expand present surveillance according to EARS-Net and CAESAR methodology to include other specimen types and pathogens as proposed in GLASS.

Some countries reported problems with extracting data from existing laboratory IT-systems, but it turned out that these could be solved by adjusting compatibility with the software WHONET/BacLink.

General remarks

Despite some challenges, several countries pointed at opportunities for an added value with implementing GLASS, both at local and national levels, thereby improving and expanding existing surveillance.

The need to synchronize data calls between GLASS and the pre-existing networks EARS-Net and CAESAR to avoid duplicate work was emphasized.

Participants agreed that the purpose of, and need for, the global data collection should be further elaborated in coming updates of the WHO manuals and future GLASS documentation. This is to increase awareness and understanding of the system and its goals to further inform allocation of adequate resources for improvement of national surveillance.

All eight countries have now registered at the WHO website to participate in GLASS. Five of these submitted AMR-data to the WHO's first GLASS report on early implementation.

NorthernGLASS kick-off meeting in Stockholm, January 2017

Project focal points in participating countries

Finland: Jari Jalava, National Institute for Health and Welfare

Germany: Muna Abu Sin, Robert Koch Institute

Latvia: Uga Dumpis, Pauls Stradiņš Clinical University Hospital

Lithuania: Rolanda Valinteliene, Institute of Hygiene

Norway: Gunnar Skov Simonsen, University Hospital of North Norway

Poland: Danuta Lis, Institute of Occupational Medicine and Environmental Health

Russian Federation: Roman Kozlov, Institute of Antimicrobial Chemotherapy, Smolensk State Medical University

Sweden: Barbro Mäkitalo, Public Health Agency of Sweden

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