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The strategic plan for combating antimicrobial resistance in Gulf Cooperation Council States

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KEYWORDS

Strategic plan;
Antimicrobial
resistance;
AMR;
GCC;
Saudi Arabia;
United Arab Emirates;
Qatar;

Summary The Gulf Cooperation Council Center for Infection Control (GCC-IC) has placed the emergence of antimicrobial resistance (AMR) on the top of its agenda for the past four years. The board members have developed the initial draft for the GCC strategic plan for combating AMR in 2014. The strategic plan stems from the WHO mandate to combat AMR at all levels. The need for engaging a large number of stakeholders has prompted the GCC-IC to engage a wider core of professionals in finalizing the plan. A multi-disciplinary group of more than 40 experts were then identified. And a workshop was conducted in Riyadh January 2015 and included, for the first time, representation of relevant ministries and agencies as well as international experts in the field. Participants worked over a period of two and a

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half days in different groups. International experts shared the global experiences and challenges in addressing human, food, animal, and environmental aspects of controlling AMR. Participants were then divided into 4 groups each to address the human, animal, microbiological and diagnostic, or the environmental aspect of AMR. At the end of the workshop, the strategic plan was revised and endorsed by all participants. The GCC-IC board members then approved it as the strategic plan for AMR. The document produced here is the first GCC strategic plan addressing AMR, which shall be adopted by GCC countries to develop country-based plans and related key performance indicators (KPIs). It is now the role of each country to identify the body that will be accountable for implementing the plan at the country level.

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Introduction

The ongoing emergence and spread of antimicrobial resistance (AMR) in bacteria is leading medicine to a post-antibiotic era [1,2]. Urinary-tract infections (UTI), for example, are increasingly caused by bacteria that are resistant to last-line antibiotics [3,4]. Gram-negative bacilli colistin resistance [5] and Pan-drug resistance are being reported more frequently [6,7]. In essence, antimicrobial resistance is not a new phenomenon [8]. Identification of penicillin-resistant bacterial strains has been documented as early as 1940 [9]. While the reliance on antimicrobial agents has led to the advancement of medicine that we see today, such as implantable devices through complex surgical procedures, organ and stem cell transplant, and cures for many advanced cancers that have led to the survival of significantly immunocompromised patients. These interventions would not have been possible without the existence of antimicrobial agents [10]. On the other hand, the misuse of these agents through the lack of hospital and community-based stewardship programs, poor compliance with infection control policies, limited incentives for developing new agents, lack of global surveillance, and limited availability of affordable rapid diagnostics for AMR, have all played a significant role in enhancing the emergence and widespread distribution of AMR [11]. This is a true threat to modern medicine as we know it today.

To mitigate this threat, the WHO launched the Global Action Plan on Antimicrobial Resistance with the "One Health" approach [12]. Despite this not being the first attempt for a global action plan, the "One Health" approach is in desperate need of recognition and global acknowledgment. The plan consists of five pillars: to improve awareness of AMR, to increase knowledge through surveillance, to reduce the incidence of infection, to optimize

the use of antimicrobial agents, and to develop the economic case for sustainable investment in all countries with regards to new and affordable medicines, diagnostic tools, vaccines, and other interventions [12]. As a response to this action plan different countries, including the United Kingdom [13], Australia [14], Canada [15], and the United States [16], initiated their own national AMR action plans. The most notable similarity between them is the willingness of the countries to tackle AMR in human and animal health as well as in food, agriculture, and the environment sectors. Here, we describe the GCC initiative to join the global community in addressing AMR.

The increasing threat of AMR in the GCC States

Countries of the Gulf Cooperation Council (GCC) are a political and economic union. Constituent countries include: The Kingdom of Saudi Arabia, Sultanate Oman, United Arab Emirates (UAE), Kuwait, Qatar, and the Kingdom of Bahrain. Several factors have been linked to the emergence and spread of AMR in this region [17,18]. Heavy international travel due to the large population of expatriate workers, booming tourism in several of the countries, and the hosting of over 4 million pilgrims throughout the year to the holy cities of Mecca and Madinah in the Kingdom of Saudi Arabia [19–22]; where travel is a known risk factor for acquiring and transmitting antibiotic resistant bacteria [22,23]. And similar to other countries worldwide, the GCC countries face challenges with adherence of healthcare providers to infection control practices. The lack of primary healthcare systems and legislation on the prudent and responsible use of antimicrobials is a shared concern. Most hospitals have no established

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