# Optimising utilisation of GLASS data to inform cross-border antimicrobial resistance strategy is a priority

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We commend the recent comments from Undurraga and colleagues, which continue to highlight challenges in antimicrobial resistance (AMR) in the Americas.[1] While the cost-effectiveness of national action plans (NAPs) to provide a One Health approach to reducing AMR are recognised,[2] Undurraga et al. highlight a concerning disparity between nation's burdens and their apparent preparedness.[1,3]

For nations of the Americas with financed NAPs, resistance surveillance is a key priority.[1] As part of our recent review of international surveillance networks,[4] we further highlight here missed opportunities to explore the potential for Global Antimicrobial Resistance and Use Surveillance (GLASS) reporting to inform individual NAPs. Indeed, countries in the Americas were least likely to report data to GLASS, and NAP direction on any intent to use this data to assist AMR activity remained absent (Fig. 1). While many regions utilise national data, all regions, including the Americas, appear less likely to use regional data (Fig. 1). AMR development is not limited by national borders as shown by the recent COVID-19 pandemic or following natural disaster and conflict situations.[5]

Clear direction within NAPs from countries actively reporting on intended/potential use of GLASS data to inform policy and monitor progress could be of considerable benefit; short-term to inform regional partners collective awareness, and long-term regional leadership and strategy development. This is relevant not just for the Americas but globally and could also help streamline efforts across academic, commercial, public health and policy spheres to optimise our collective efforts in addressing this significant threat.
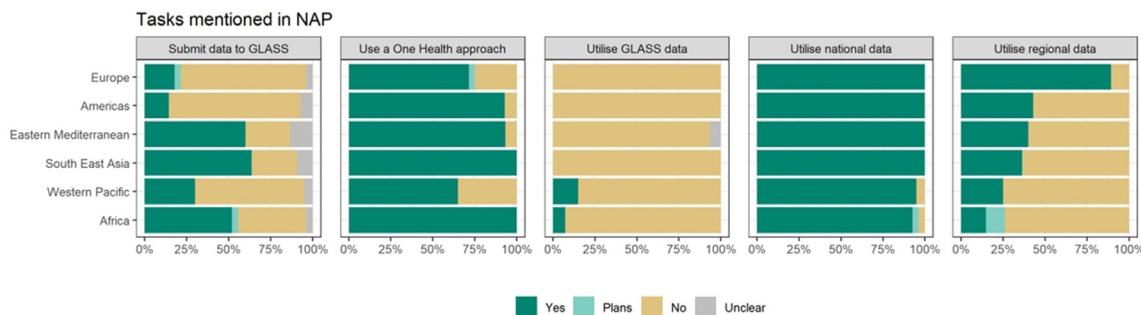
*Fig. 1:* **Summary of country intent, as detailed in National Action Plan policy, with regard to AMR surveillance aims compared by WHO Region, August 2022.** Results of line-by-line analysis of National Action Plans for evidence of plans to (i) submit surveillance data to the GLASS database, (ii) to undertake a One Health approach to AMR surveillance and (iii) utilise surveillance data at each level to provide situational awareness and inform AMR interventions.

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