

**Statement by the Republic of Moldova  
to EUR/RC70/8(E) Final report on implementation of the European  
Strategic Action Plan on Antibiotic Resistance**

In the national system of epidemiological surveillance and control of communicable diseases and health events, antimicrobial resistance (AMR) is listed as a special public health problem (GD no. 951/2013) and is among the topics aimed at preventing transmission cross-border (GD 531/2014).

The results of the national AMR epidemiological surveillance system reported in 2019 in the Central Asian and European Antimicrobial Resistance Surveillance Network (CAESAR) indicate worrying AMR levels of microorganisms involved in infectious pathology. Enterobacteria in 42.3% of cases show increased resistance to betalactamines (of which 64.6% to penicillins, 39.9% to cephalosporins to carbapenems 14.8%) preparations currently widely used in medical practice. Most strains proved to be resistant to 4th generation cephalosporins (54%), more pronounced resistance indices showing *Klebsiella pneumoniae* - 46.9%. The results of the AMR assessment of pathogenic cocci indicate the circulation of multidrug-resistant strains with 63% of methicillin-resistant *S. aureus* strains and 50% of *Streptococcus pneumoniae* strains with resistance to at least one preparation from three or more groups of antimicrobials.

The first national study of the current prevalence of healthcare associated infections (AMI) and antimicrobial use (AM) conducted in 2018 in 67 public and private hospitals, 546 wards and included a sample of 10594 patients based on the standardized study methodology based on patient demonstrated an IAAM prevalence of 1.6%, the IAAM prevalence in the ATI / Resuscitation / STROKE sections was 20.0%. In the IAAM structure, the major share is represented by pneumonia (25.0%), surgical site infections (16.1%) and urinary tract infections (11.3%). The most common causative agent was reported *Klebsiella* spp. In pneumonia (37.5%), surgical site infections (37.5%) and urinary tract infections (40.0%), with increased cephalosporin resistance to 3rd (84.6%) and carbapenems (46.2%).

The prevalence of AM consumption was 42.7%. The most common AM is administered to patients for treatment purposes 73.8%. Community infections in the structure of indications for the administration of MA for therapeutic purposes prevail and constitute 94.1%, followed by IAAM with a share of 5.9%. More frequently AM were prescribed for the treatment of respiratory tract infections with

a share of 47.3%, urinary tract infections - 12.0% and eye/ear/nose/throat infections with 8.8%. In the treatment of AMI, also, more frequently AM were prescribed in respiratory tract infections with a weight of 41.4%, surgical site infections - 18.2% and urinary tract and genitourinary/obstetrical system infections with 10, 1% each. In the structure of AM administration for the purpose of surgical prophylaxis, AM administration prevails for more than one day with a weight of 93.5%. In the structure of consumed AM, the 3rd generation cephalosporins predominate with a weight of 34.5%.

In the context of retaining the AMR phenomenon in the Republic of Moldova, there is a political commitment and initiatives based on Law no. 10 of February 3, 2009 on state surveillance of public health, National Public Health Strategy for 2014-2020 (Government Decision (GD) no. 1032/2013). The draft National Strategy and Action Plan on Preventing and Combating AMR developed with the support of the WHO by an intersectoral working group is based on the „One Health” principle. The draft Plan reflects the areas of the strategy and aims at comprehensive and specific actions that provide for the prevention, surveillance and control of AMR in the fields of human and animal health, throughout the food chain and in the environment. This draft has been submitted to the authorities for examination for approval.