



Joint Action on AMR and HAI (EU-JAMRAI): Countries' commitment to keep antibiotics working

One Health Network on AMR 31 January 2018, Brussels

Pr. Christian Brun-Buisson Ministerial delegate on AMR, French Coordination team



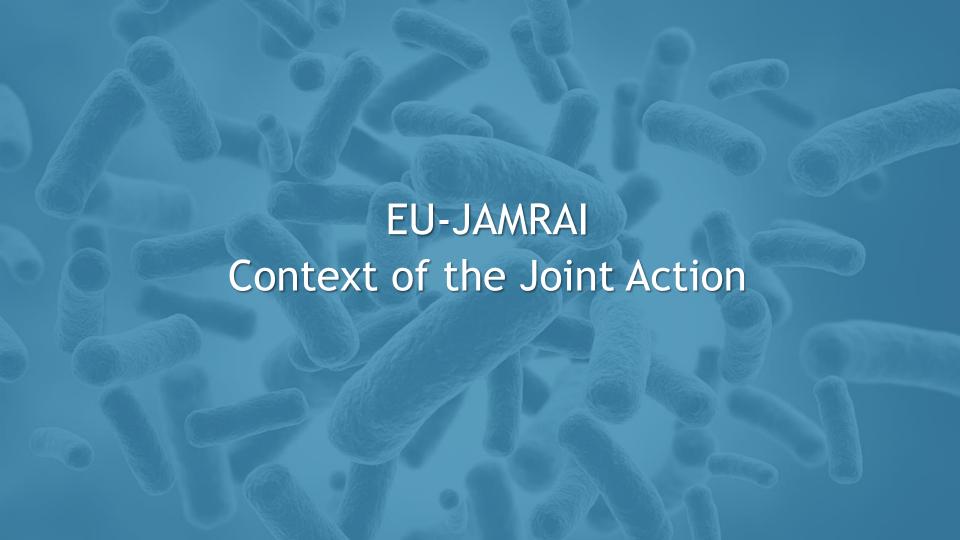
Context of the Joint Action

General objectives

JA organisation

Presentation of the core workpackages

Conclusion



Context of the Joint Action



- Antimicrobial resistance (AMR):
 a global public health threat
- Several reports have highlighted the need to tackle AMR, identified as a global health challenge
- Across Europe, infections caused by multi-resistant bacteria are responsible for 25.000 deaths +
 2.5 million extra hospital days annually + €1.5 billion societal costs
- 700,000 deaths may be caused globally each year by AMR -> could become the #1 killer globally by 2050, if nothing is done¹
 - 1. J.O'Neill. The Review on Antimicrobial Resistance. Tackling Drug-Resistant infections Globally: final report and recommendations. May 2016
- Multiplication of national, European and international initiatives
- · Various national, European and international initiatives have emerged over the last decade
- WHO (with FAO & OIE) has elaborated a global action plan (2015)
- The European Union has recently adopted a new Action Plan to tackle AMR (Jun 2017)
- · All actors have to ensure greater coherence in the global movement against AMR
- A One Health joint approach across European states
- The recently adopted Council conclusions on AMR (Jun 2016), strengthening national and international health security initiatives against this public health challenge mandates a common European approach, taking into account local features and existing initiatives



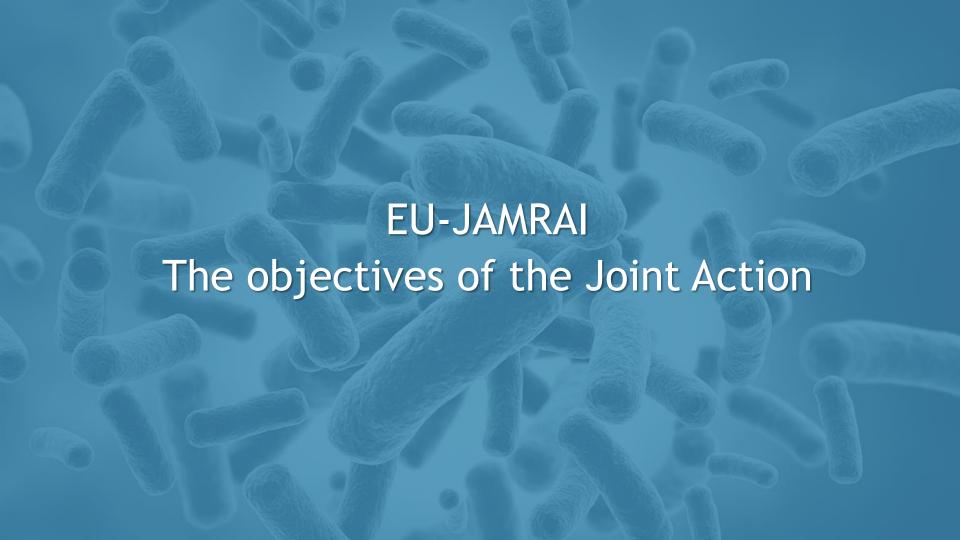
In this context, the Joint Action provides the opportunity to strengthen and coordinate efforts directed to both AMR and HCAI issues, <u>following a One Health</u> approach as recommended by European and International organisations

1.Context of the Joint Action

A PART LEGERAL BENEVALUE OF THE PROPERTY OF TH

- Antimicrobial
 resistance (AMR): a
 serious global
 public health threat
- Multiplication of national, European and international initiatives
- A One Health
 joint approach
 across European
 states

- The June 2016 Council Conclusions on AMR, strengthening national and international health security initiatives against this public health challenge, mandates a common European approach
- ... also taking into account local features and existing initiatives
 - Council conclusions on the next steps under a One Health approaction to combat antimicrobial resistance
 - The members states have to:
 - ✓ Implement, before mid-2017, a national action plan against Antimicrobial Resistance, based on the One Health approach
 - ✓ Share best practices, discuss policy options, ways to better coordinate responses and keep each other updated on the progress
 - ✓ Support dialogue with the pharmaceutical industry in order to keep existing effective antimicrobials used in human and veterinary medicine on the market, and explore alternative solutions
 - ✓ Join or strengthen their commitment to the existing Joint Programming Initiative on AMR



General objectives - The European action plan and EU-JAMRAI



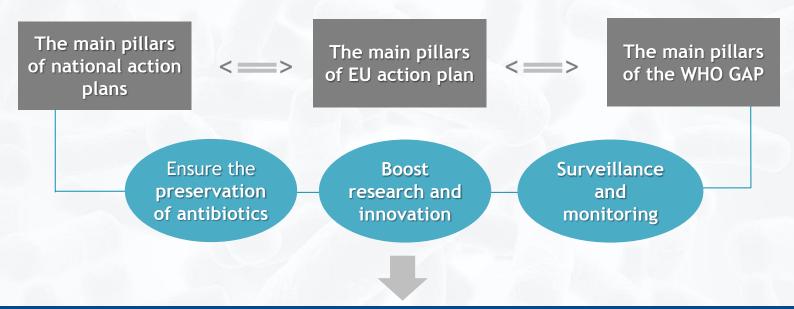
Consistency between the objectives of WHO, EU and the JA workpackages



- Objective 1: Making the EU a best practice region
 - ✓ Better evidence and awareness of the challenges of AMR
 - ✓ Better coordination and implementation of EU rules to tackle AMR
 - ✓ Better prevention and control of AMR
 - ✓ Better addressing the role of the environment
 - ✓ A stronger partnership against AMR and better availability of antimicrobials
- Objective 2: Boosting research, development and innovation
 - ✓ Improve knowledge on detection, effective infection control and surveillance
 - ✓ Develop new therapeutics and alternatives
 - ✓ Develop new preventive vaccines
 - ✓ Develop novel diagnostics
 - ✓ Develop new economic models and incentives
 - ✓ Close knowledge gaps on AMR in the environment and on how to prevent transmission
- Objective 3: Shaping the global agenda
 - ✓ A stronger EU global presence
 - ✓ Stronger bilateral partnerships for stronger cooperation
 - ✓ Cooperating with developing countries
 - ✓ Developing a global research agenda

Consistency between WHO & EU objectives and JA WPs





The Joint Action should build and extend on national action plans

The national action plans have to build on the joint actions findings

General objectives

Evaluation of strengths and weaknesses of NAP for AMR and HCAI



Uptake of key recommendations for integration into NAP by policy makers



Use of social media and communication tool

Capacitybuilding Sustainability To reduce the burden of AMR



Bridge the gap between declarations and actions



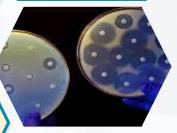
Efficient and feasible infection control programs at national, regional and local levels

Ensure linkage between research on AMR/HCAI and Public Health Policies









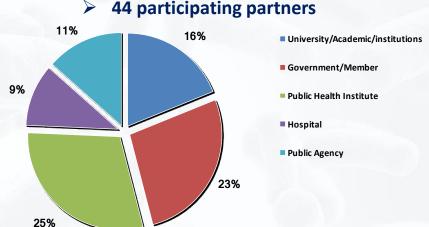
Efficient tools and guidelines for antimicrobial use and surveillance of resistance in humans and animals



All key actors working together to fight AMR and reduce HCAI







21 collaborating partners

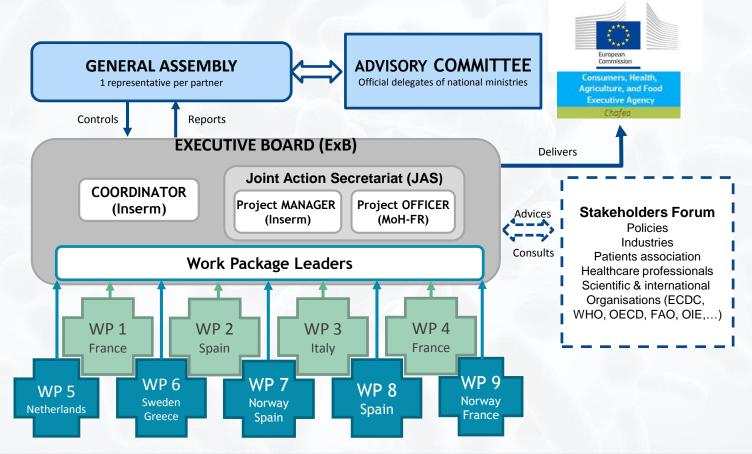
25 international stakeholders

Our diversity makes our force!



Governance





EU-JAMRAI: Interaction with the One Health Network



One health network on AMR

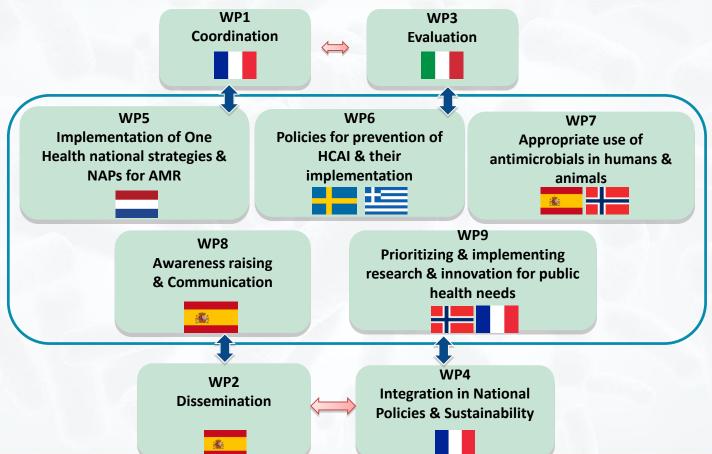
- Fostering synergy and coordination
- Working side by side with shared actors and stakeholders
- Evaluating results (e.g., for WP5)
- Ensuring sustainability of JA outputs

EU - JAMRAI



EU-JAMRAI: The nine WorkPackages





WP 5 : Implementation of One Health National Strategies and National Action Plans for AMR



LEADER

Netherlands



COUNTRIES INVOLVED

Belgium, Czech Republic, France Germany, Greece, Italy, Lithuania, Poland, Romania, Slovenia, Spain, Sweden

INTERNATIONAL INSTITUTIONS

ECDC, EMA&EFSA, EC-Health and Food Audits and Analysis, WHO-Euro & WHO-HQ, OIE

MAINS OBJECTIVES

- Support MS in development and implementation of strategy/NAP on AMR
- Support implementation of Council conclusions on "the next steps under a One Health approach to combat antimicrobial resistance"
- Foster collaboration between MS, MS-EC, international institutions

- Mapping and self-assessments of NAP /strategies (M1-M12)
- Country-to-country assessments (M4-M36)
- Strengthening supervision (M2-M36)

WP 5 first results: national action plan mapping



- The Council Conclusions calls upon the Member States to have in place before mid-2017 a national action plan against AMR, based on the One Health approach and in line with the objectives of the WHO Global Action Plan
- The main goal of the mapping is to provide insight in the status of implementation of the Council Conclusions
- It is not the intention of the mapping to have a deep assessment on the reasons why some actions have or have not been implemented
- The mapping consisted of 17 questions

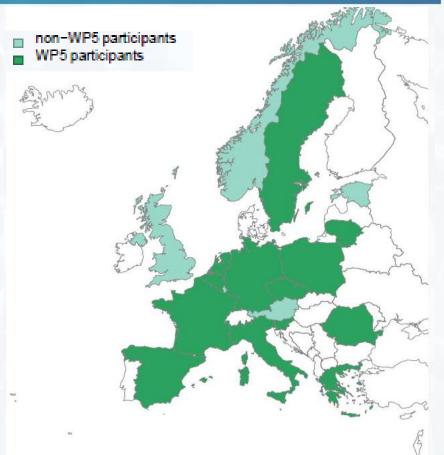
Background

WP 5 first results : Participants Mapping of National Action Plans



Mapping performed during fall 2017 by:

- all WP5 participants (13 countries)
- and five additional countries (Austria, Estonia, Luxembourg, Norway & UK)





NAP with a One Health approach endorsed by the competent authority

Most countries have supervision and enforcement in the veterinary sector, less so in the human sector

Results

Measurable goals are mainly set for antibiotic use and less for infections

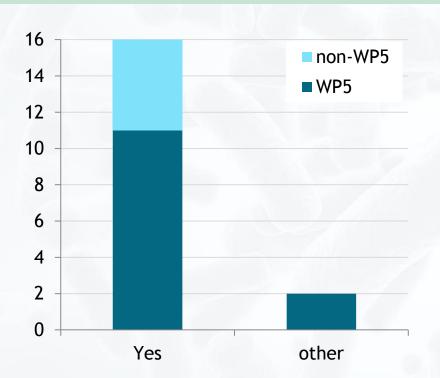
Almost all countries propose actions to strengthen surveillance

A majority of the countries report not having enough resources available

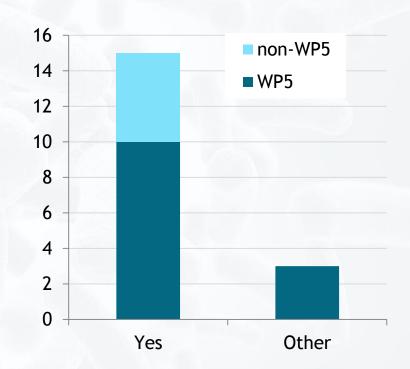
Few actions regarding the environment: limited number of measurable goals or supervision



Q4 - Endorsement by competent authority



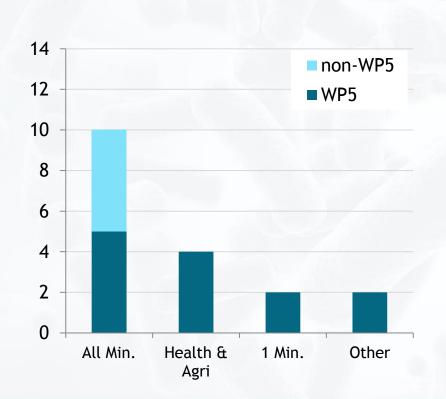
Q5 - OneHealth approach in NAP

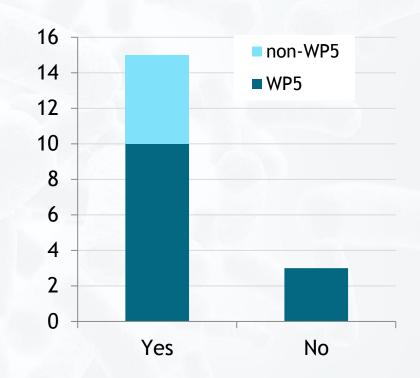




Q6 - Development by relevant ministries

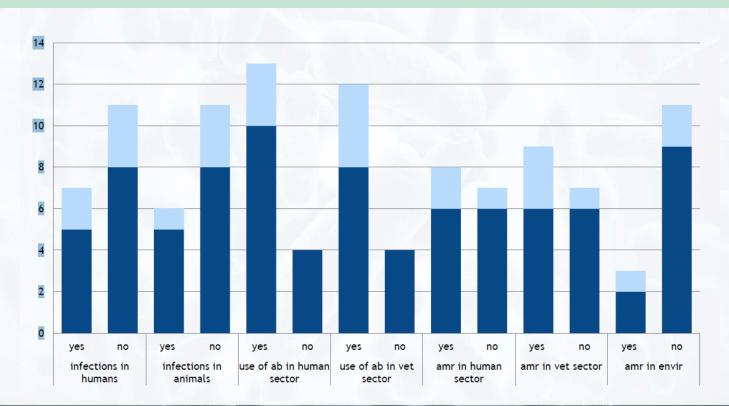
Q7 - Involvement of other stakeholders





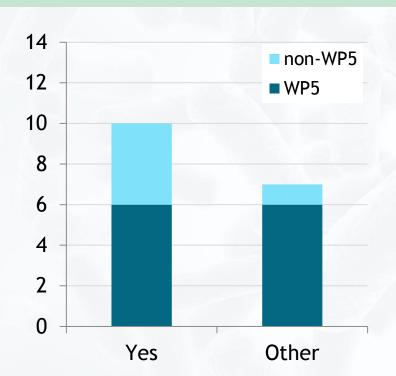


Q8 - Measurable goals for:

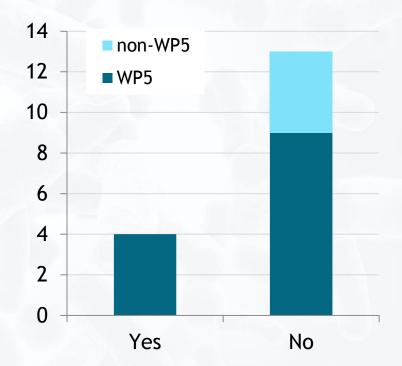




Q10 - Indicators for process evaluation



Q14 - Availability of resources (staff, finances,...)



WP6: Policies for prevention of health-care-associated infections and their implementation (1/2)



LEADERS

Greece

Sweden

COUNTRIES INVOLVED

Austria, Belgium, Czech Republic, Estonia, Greece, Italy, Latvia, Lithuania, Netherlands, Norway, Portugal, Slovenia, Spain, Sweden

INTERNATIONAL INSTITUTIONS

European associations and networks within the field of infection prevention and control (IFIC, ESCMID, EUCIC, etc.)

MAINS OBJECTIVES

 Develop guidance on infection prevention and control

跬

- Strengthen surveillance of HCAI
- Organize education and training of health-care workers

TASKS



WP6.1: Promote a top-down approach for preventing HCAIs through the implementation of agreed infection control programs and institutional behavior change

- Determine the necessary institutional structures and resources for the implementation of infection control programs (M1-M13-M36)
- Incorporation of ICPs into clinical practice for the improvement of health professionals' compliance with infection control routine (M1-M14-M36)
- Development of tools for increasing awareness and improving the training of HCWs in ICP (M7-M36)

Workpackage 6: Policies for prevention of health-care-associated infections and their implementation (2/2)



LEADERS

Greece

Sweden

-

跬

COUNTRIES INVOLVED

Austria, Belgium, Czech Republic, Estonia, Greece, Italy, Latvia, Lithuania, Netherlands, Norway, Portugal, Slovenia, Spain, Sweden

INTERNATIONAL INSTITUTIONS

European associations and networks within the field of infection prevention and control (IFIC, ESCMID, EUCIC, etc.)

MAINS OBJECTIVES

- Develop guidance on infection prevention and control
- Strengthen surveillance of HCAI
- Organize education and training of health-care workers

TASKS



WP6.2: Promoting a bottom-up approach from clinical practice to policy level by implementing evidence based guidelines and existing policies using an established implementation model - and working in country teams

- Introduce an evidence-based implementation model (M1-M36)
- Promote that similar working routines are implemented in non-EU countries in Europe (M1-M36)

WP7: Appropriate use of antimicrobials in human and animals



LEADERS

Norway



Spain



COUNTRIES INVOLVED

Austria, Belgium, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Germany, Greece, Italy, Lithuania, Netherlands, Poland, Portugal, Romania, Sweden

INTERNATIONAL INSTITUTIONS

ECDC

MAINS OBJECTIVES

- Collate and organize into a useable database the current guidelines for antibiotic stewardship at all levels of the European health system and selected animal (food and companion) species
- Establish workable tools for evaluating the implementation of antibiotic stewardship in all EU member states

- Identify and review existing guidelines and methods for antibiotic stewardship by level-ofcare, and in food and companion animals
- Workshop involving all the registered partners to discuss models of implementation
- Qualitative evaluation of the level of implementation and acceptance of antibiotic stewardship
- Develop and test near real-time surveillance of antimicrobial use and multidrug resistant bacteria
 - ✓ In human medicine
 - In animals



WP8: Awareness raising and Communication



LEADER

Spain



COUNTRIES INVOLVED

Croatia, Czech Republic, Denmark, Estonia, France, Germany, Greece, Italy, Lithuania, Netherlands, Norway, Portugal, Slovenia

INTERNATIONAL INSTITUTIONS

ECDC, WHO-Europe, OIE, FAO

MAINS OBEJCTIVES

 Promote the responsible use of antibiotics and encourage best practices among the general public and health care professionals

- Data Collection to define best practices in Awareness Raising and Communication plans (M1-M12)
- Design and Implementation of Awareness and Raising Communication Plan (M1-M8)
- Tools for Awareness Raising and Communication (M1-M36)
- Contribute to the WAAW and the European EAAD (M1-M36)



WP9: Prioritizing & Implementing Research and Innovation for Public Health Needs



LEADER

Norway



France



COUNTRIES INVOLVED

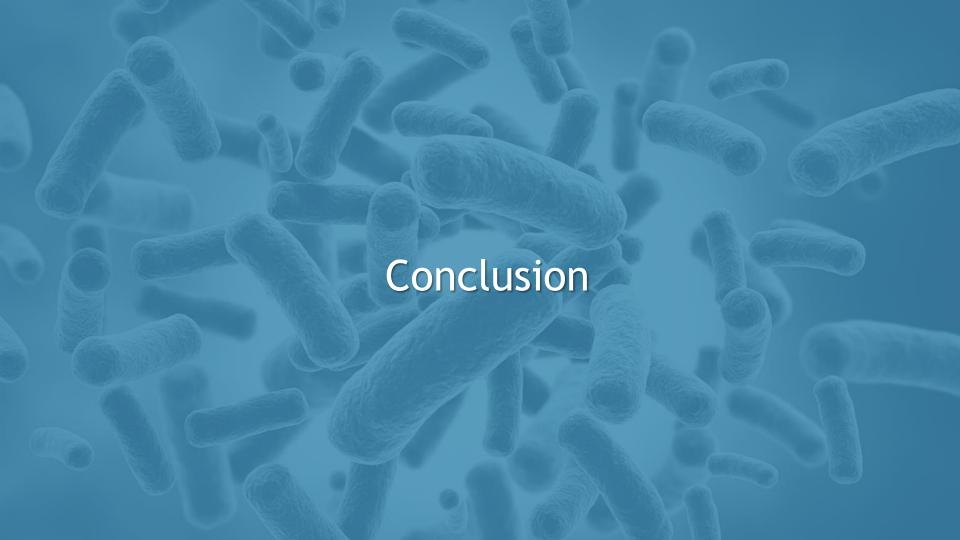
France, Greece, Italy, Netherlands, Slovenia, Sweden

TERNATIONAL INSTITUTIONS

MAINS OBJECTIVES

Contribute to a coordinated European response in regards to prioritizing and assisting in the implementation of research and innovation expected to help achieve public health-related AMR and HCAI goals and objectives

- Work with Member States to ensure that national processes for research and innovation priority-setting are grounded in a broad One Health approach and that both Member State research priorities and knowledge gaps are addressed in the development of the update of the JPIAMR SRA (M1-M36)
- Explore and detail European strategies to implement mechanisms to foster antimicrobial, diagnostic, and other innovations to fight against AMR and HCAI (M1-M36)
- Dissemination strategies (with WP4): Policy briefs or other tools publicly available (M1-M36)



Throw a bridge between declarations and actions



Yesterday

- Strategic declarations
- A strong political will

EU-JAMRAI

Make a successful transition

Tomorrow

- Implement concrete actions in an operational level
- Reduction of AMR Burden

Hospital / veterinary clinic



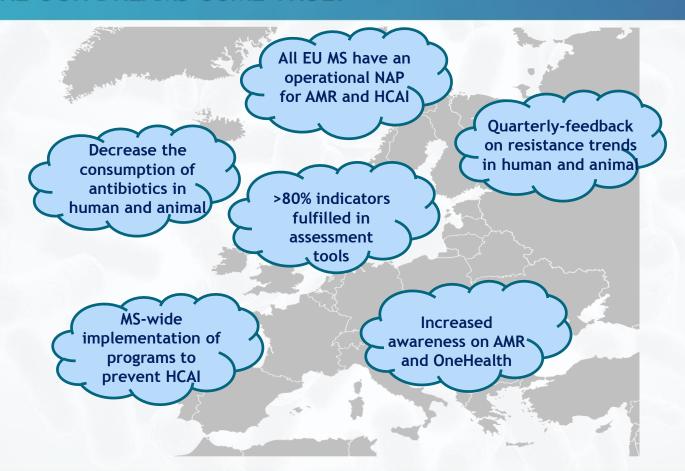






MAKE OUR DREAMS COME TRUE!





Specific objectives of the EU-JAMRAI: indicators



80% of partners have adopted an ICFW at national/local level 80% of partners have adopted working routines from the evidence-based implementation model to control HCAI

80% of EU MS have integrated best ASP practices into their NAP

80% of EU MS have integrated key recommendations from the JA in their NAP

All EU MS have an operational NAP for AMR and HCAI by the end of the JA, incl. an objective-driven strategy consistent with their national context and the OH approach, with >80% indicators fulfilled in assessment tools

Dissemination of outcomes from JA is effective, with implementation tools and policy briefs endorsed to ensure sustainability

Keys to success





Experts
Policy makers
International organizations



Capitalise

One Health



National best pratices Current EU projects Countries specificities



Collaboration Understanding







* This presentation arises from the Joint Action on Antimicrobial Resistance and Healthcare-Associated Infections (EU-JAMRAI), which has received funding from the European Union in the framework of the Health Program (2014-2020) under the Grant Agreement N° 761296. Sole responsibility lies with the author and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of in the information contained therein.