Consultation on a draft Global action plan to address antimicrobial resistance

The questionnaire is divided into four sections. The questions are broadly framed and intended to give you the opportunity to enter into some depth and explain your organization's viewpoint. While only questions marked with * are mandatory, we would appreciate answers to as many as possible. Where a choice of answer needs to be selected please highlight your answer.

Before answering the questions, please refer to our list of supporting documents.


About you

1. Name of individual respondent*
   (deleted)

2. Email address* (preference for official email addresses)
   (deleted)

3. Are you authorised to represent your organization or interest group?* Y X N ___
   This answer is given on behalf of both The Ministry of Health and Care Services and the Norwegian Institute of Public Health and represents the official Norwegian viewpoint.

4. Organization Name*
   The Ministry of Health and Care Services (MOH) & Norwegian Institute of Public Health (NIPH)

5. Address of the organization*
   The Ministry of Health and Care Services
   PO Box 8011 Dep
   0030 Oslo - NORWAY
   Norwegian Institute of Public Health
   PO Box 4404 Nydalen
   0403 Oslo

6. Organization website (if available)
   www.regjeringen.no/en/dep/hod
   www.fhi.no

7. Country*
   Norway
8. Type of Organization*
   - Government department, ministry or agency
9. Main sector of interest
   - Human health
10. Would you like to be added to our mailing list to receive updates on the development of the global action plan?* Y X N __

General questions

1. From the perspective of your organization, what are the most important areas of concern in AMR?

   The global increase in general AMR prevalence and unprecedented rise of multi-drug resistant organisms (MDROs) warrants a holistic, coordinated approach across all sectors/areas and at all levels of society. AMR is a major threat to global public health. The identification, coordination and implementation of effective interventions will be a major challenge.

2. Is your organization currently involved in work related to AMR? Y X N __

If Yes, How?

Norwegian Institute of Public Health (NIPH):

1. Performs laboratory diagnostics, has reference laboratories, develops guideline procedures, performs research

2. Performs surveillance regarding:
   a. AMR
   b. Antimicrobial use
   c. Hospital-acquired infections
   d. Vaccination coverage and

3. Develops guidelines and recommendations for infection control measures
4. Performs research in all abovementioned areas
5. Participates in international collaborations
   a. Hosting WHO consultation on responsible use November 2014
   b. Actively involved in Chatham House and Innovative Medicines Initiatives regarding examining new economic models to incentivize more investment in related R&D
   c. Promoting the global health security agenda
   d. Supporting the IHR implementation in Malawi
   e. Performing research on meningitis and pneumococcal vaccine studies (Africa)
Questions about the draft global action plan outline document

Before the WHA resolution was adopted, two WHO AMR Strategic Technical Advisory Group (STAG) meetings were held in anticipation, which included members plus a large number of representatives from other organizations. These meetings identified key issues, concerns and led to the development of a draft outline.

As this consultation progresses and stakeholder meetings are held, the secretariat will harvest and incorporate the input into the draft global action plan.

1. How would you rate your understanding of WHO’s intention in the development of a global action plan to address AMR?

Very good__  Good X  Fair__  Poor__

Additional comments

We strongly support the work by and highly appreciate the intention of WHO to develop a global action plan on AMR.

2. From the perspective of your organization, are the major issues relating to AMR outlined in the draft global action plan? Y__ N X

If No, what additional issues need to be addressed?

1) General public health interventions (i.e., water and sanitation, hygiene, vaccination programmes (both human and animal), access to health care systems etc.), which are essential for prevention of infections, are not clearly visible. The plan is mostly focused on infection prevention and control in healthcare.

2) Although present, the “One health” perspective could be more visible as an overarching perspective. Surely the pollution of wastewater/sewage and environment from the production and use of antibiotics (aquacultures/husbandry/agriculture) has to cease immediately – otherwise almost all other efforts will be in vain. Likewise the use of antimicrobials in animal husbandry and agriculture needs major attention due to the close association of AMR in these niches to AMR in human populations. Another issue is use of antibiotic resistant genes as selective mechanisms in GMO. Lastly, a number of critical antimicrobials should be restricted to human use only.

3) A general approach is needed if the AMR challenge is to be tackled, selecting only a few building blocks in Member States will not be sufficient. See also specific comments to building blocks.

4) The building blocks suggested do not explicitly cover all the 5 main areas of concern presented in the advice and recommendations given by the Strategic and Technical Advisory Group. What is the motivation and background for deviating from their specific
recommendations? Some activities may be addressed/fronted by WHO, i.e. global surveillance, general guidance of antimicrobial use (regional?).

5) The action plan should be informed by ongoing action plans on AMR, as the European action plan on antibiotic resistance 2011-2020. As an example both the strategy behind and the actual tools developed “Guide to tailoring vaccine programmes” and “Guide to tailor AMR programmes” (under development) may be worth considering and expand.

6) The inclusion of NGOs is not clearly evident. Several interventions will need to be supported by and likely to a high degree implemented by NGOs.

Questions on the ‘Building blocks’ described in the draft outline.

You will notice, the global action plan has been constructed around “building blocks” in recognition that different countries will have different starting points. In this situation, countries can choose building blocks to concentrate upon. Each building block specified has been identified as a key area where specific attention, planning and work are needed to achieve progress in addressing AMR. Through questions in this section, we would like to hear your opinions on these building blocks in more detail.

I. Building block-1: Increasing awareness and understanding about AMR and of the actions and changes needed

a) What do you consider to be the main issues under this priority?

Describing the AMR problem for all audiences is feasible and will of course have to be adapted to local context. Information is not enough. Educational methods will need to be implemented to inform special groups like doctors, farmers and the general public including children. However, the major objective to change behaviour and social norms are a major challenge. Information is not in itself sufficient to drive change. Cultural, contextual, and behavioural determinants influence the perception of a “public good”. Strategies such as campaigns are often multifaceted and the end results poorly documented so that which factor(s) are critical for success is uncertain. It is our impression that the experience with such strategies in low- and middle-income countries is even more unclear.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

Top three main actions:

1) Define “top ten” most important audiences

2) Identify educational methods and strategies for campaigns adapted to major cultural, contextual and behavioural settings

3) Methods for assessment of effect, see also other building blocks

Generic tools may be developed by WHO (centrally and regionally) in cooperation with other stakeholders and organisations with experience and knowledge in the area (ECDC, CDC etc.). Member States’ adaption should be facilitated by regional or other cooperation and support. NGOs
can contribute with experience from other themes and with implementation in especially low-income countries

c) What steps have already been taken to address this priority? (please provide references where possible)

European Antibiotic Awareness Day (EAAD) is an example. EBug (PHE), campaigns in Netherlands directed at public and husbandry production.

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

1. Top three main actions along with generic tools should be in place on WHO level within 2 years.
2. National tools and specific plans should be in place within 5 years.
3. Assessment of effect and evaluation of interventions on global and national level should be in place within 10 years.

II. Building block-2: Identifying the most important approaches for preventing development of infections and the steps needed to move beyond guidance to more effective implementation of such approaches

a) What do you consider to be the main issues under this priority?

Building block 2 will need to be adapted according to access to general public health measures such as clean water, sanitation and sewage standards, vaccination coverage (both in humans and animals), access to health care etc. Further, prevention of hospital-acquired infections (including surgical antimicrobial prophylactic treatment) and infection control measures aimed at surveillance, prevention and control of AMR in the healthcare setting. Focus on hand-hygiene and other horizontal measures should be emphasised.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

The focus on general public health is within the mandate of the WHO, the Global Action Plan should initiate development of further coordination within WHO to secure that the AMR issues are considered in all sectors and areas where appropriate. However, this work needs to be married with that of Building Block 3 as preventing infection in animals will contribute here.

Most general Infection prevention and control measures are described in WHO guidelines, unlike the WHO “Clean hands save lives” campaign material and other WHO guidelines. However, many interventions are poorly documented and the evidence base needs strengthening. All stakeholders, as Member State public health institutions and NGOs should incorporate infection prevention and control aimed at AMR in their regulatory framework and professional recommendations.

c) What significant work has already been done to address this? (please provide references where possible)
AMR has received major attention in several publications/guidelines in many high-income countries. Institutions like CDC and ECDC has already a framework in place (and research strategies are being developed). WHO campaign “Clean hands save lives”.

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

1) Combined WHO/FAO/OIE quality indicators addressing incorporation of AMR issues across all sectors where appropriate in place within 2 years.

2) Hospital-acquired infections and infection control and prevention regulations in place in all Member States within 5 years.

3) General public health measures should be evaluated according to existing plans, but include indicators of AMR at 5 and 10 years.

III. Building block-3: Optimizing the use of existing antimicrobials for human and animal health and in agriculture

a) What do you consider to be the main issues under this priority?

1) Access to antimicrobials and focus on quality of antimicrobial medicines (SSFFC)

2) Rational use guidelines in both human and animal health sectors, evaluation of interventions including assessment of effect from adequately designed studies

3) Reductions in the use of antibiotics for growth promotion or routine prevention in livestock, aquaculture and agriculture

Regulatory

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

1) Regulatory interventions aimed at prescription:

   a. Antimicrobials should not be over the counter medicines (Antimicrobials should prescription only status). In countries where access to medicines and healthcare personnel is a problem, interventions for responsible use should be aimed at pharmacists and shopkeepers.

   b. Major reduction/limitations of use in husbandry and agriculture by regulation

   c. Prescribers should not be financially rewarded for prescribing.

2) Financial assistance to countries unable to afford the medicines, vaccines, diagnostics, etc.

c) What steps have already been taken to address this priority? (please provide references where possible)
The EU has banned the use of antibiotics as a growth promoter or for routine prevention in animals. The U.S. has initiated similar non-compulsory policies. India through the Chennai Declaration is also reducing inappropriate use in animals.

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

1. Percentage reduction in the amount of antibiotics used in animals for growth promotion or for routine prevention
2. Number/ proportion of member states with National guidelines for rational use of antibiotics in human and animal health sector
3. Percentage increase in use of diagnostics accompanied with an appropriate intervention
4. Reduction in the number of child deaths from pneumonia?

IV. Building block-4: Identifying and closing critical gaps in knowledge needed to address AMR

a) What do you consider to be the main issues under this priority?

It is not possible to prioritise the issues – they all are important. The issues are mentioned in the specific recommendations from the Strategic and Technical Advisory Group for AMR. Issues are also addressed in other strategies as the European Joint Programme Initiative (JPI). Focus on issues related to the AMR in low- and middle-income countries and projects including these should be stimulated. Better linked and more comprehensive surveillance systems need to be put in place so that gaps can be more readily identified.

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

1) Allocation of considerable research funds should be stimulated.
2) Coordination of the programmes and funding to ensure optimal use of resources.
3) Sharing of knowledge and research competencies and gaps
4) Facilitate policymakers dissemination strategies

c) What steps have already been taken to address this priority? (please provide references where possible)

EU’s Joint Programming Initiative on Antimicrobial Resistance (JPIAMR), the Innovative Medicines Initiative (IMI), national measures (such as National Institute of Allergy and Infectious Diseases).

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)
1. Number of new antimicrobials, point of care diagnostics in the pipeline.

2. Number of research articles giving evidence regarding the effect (or lack of effect) of different AMR-related interventions.

V. Building block-5: Developing an innovative and sustainable approach to develop and distribute critical products and technologies needed to address AMR

a) What do you consider to be the main issues under this priority?

Creating non-sales-based rewards to stimulate private sector investment in antimicrobial R&D

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

Luckily a small group of high income countries can have a large effect here through collaboration and alliances. If the EU, U.S., Japan and others agree to finance alternative business models, this may give added momentum and proof of concept here. It would be beneficial if some of the large emerging economies would also contribute.

c) What steps have already been taken to address this priority? (please provide references where possible)

U.S.’ Biomedical Advanced Research and Development Authority (BARDA)

d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

Number of new antimicrobials, point of care diagnostics in the pipeline.

VI. Building block-6: Assessing the long term economic, developmental and social costs and implications of AMR as a basis for sustainable investment and action

a) What do you consider to be the main issues under this priority?

1) AMR and burden of infectious diseases in all countries to demonstrate the payback of the investments in R&D

b) What are the main actions that needs to be done -- and who are the main actors/stakeholders who need to take action -- to go beyond the status quo?

These economic analyses need to be undertaken to give some credibility to the size of the threat.

c) What steps have already been taken to address this priority? (please provide references where possible)

IMI-funded DRIVE-AB project led by the University of Geneva (Stephan Harbarth); World Bank (Tim Evans)
d) What are concrete and measurable indicators of progress for this priority? (Including, for example, global and national goals to be achieved within 2, 5 and 10 years)

n/a

Concluding questions

3. What contribution would your organization be able to make in implementing the global action plan?

NIPH is interested in collaborating across many aspects of the global action plan.

4. Additional input that you feel would be facilitate development of the GAP.

Although maybe a repetition, the approach to AMR and the action plan need to be holistic on both global and national level. This should be stressed in the document. Different Member States may have varying needs under the building blocks but cannot ignore any if the challenge is to be met.