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 ___ N ___
   Yes

4. Organization Name*

   Ministry of Health and ministry of Economic affairs and Agriculture
   Government of the Netherlands

5. Address of the organization*

   P.O. Box 20350 | 2500 EJ | The Hague | The Netherlands |

6. Organization website (if available)

   www.government.nl
   www.rijksoverheid.nl

7. Country*
The Netherlands

8. Type of Organization*

Government department, ministry or agency

9. Main sector of interest

- Human health
- Animal health
- Agriculture/food
- Environment

10. Would you like to be added to our mailing list to receive updates on the development of the global action plan?* Y

General questions

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

   Because antimicrobial resistance is such an urgent global health threat, measures could be taken based on the precautionary principle, even though scientific evidence for possible measures is not always available

   Antibiotics should work in the future also.

   How to control incorrect use of antibiotics in both humans (prescribers and patients) and animals.

   Health care as we know it should be available in the future also (knee operations, modern surgery etc).

   Reduction of the use of critical antibiotics in livestock industry.

   Understanding the role of multidrug resistance in livestock and the environment in relation to human health

   Increasing number of infections with MDR bacteria such as carbapenemase-producing Gram-negative bacteria, ESBL-producing bacteria.

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

   If Yes, How?
Policy making

Stimulate development of guidelines (by human/vet. health care professionals) for good infection prevention, guidelines for prudent use of antibiotics

Legislation and enforcement on the use of these guidelines

Research including projects on AMR in humans, animals, food and the environment

Monitoring and benchmarking use of antibiotics

Surveillance of AMR (national and international)

National reference centre

Educational activities

Exploring our role on the development of new antibiotics.

MOU’s, conferences etc.

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__

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?

Because antimicrobial resistance is such an urgent global health threat, measures could be taken based on the precautionary principle, even though conclusive scientific evidence for possible measures is not always available.
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?

Understanding the effect that AMR will have on society.

Gain a clear understanding of the use of antibiotics in the current situation

Now it is time for action

Measures can be taken based on the precautionary principle. Finding evidence cannot be used as an excuse for delaying action.

Understanding factors that ensure sustainability of responsible use of antimicrobials

Education of professionals and patients/farmers on responsible use of antimicrobials

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?

Ministers of health should play an specific role here.

Policy makers, health care workers, general public, cattle breeders, veterinarians etc, medical and vet. students, politicians, directors/managers of health care facilities/hospitals.

Identify and prioritize groups that are crucial in improvement of infection control and appropriate use. Training and information for all relevant groups.

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

Awareness of health care professionals and veterinarians

European antibiotic awareness day

Antibiotic stewardship teams, TAP (Guide to Tailoring AMR Programmes)

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)

Tailor made goals seem appropriate
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?

Infection prevention in healthcare, indicators for best practice infection prevention

Infection prevention education in the curricula of medical doctors, veterinarians and nurses starting at various moments during the study

Guidelines developed by professionals (medical doctors, veterinarians). Because these guidelines are made by health care professionals there is an broad support among their colleagues who use them.

Enforcement of the use of these guidelines by local governments

Infection prevention stewardship

Also attention for infection prevention in livestock industry

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?

Guidelines developed by professionals (medical doctors, veterinarians). Because these guidelines are made by health care professionals there is an broad support among their colleagues who use them.

Enforcement of the use of these guidelines by local governments

Health care professionals, general public, vet’s, livestock breeders.

Better compliance with hand hygiene and other infection prevention measures. Implementation of guidelines on isolation measures.

Stimulate measures to improve animal health and infection prevention in livestock industry, including vaccination

Behavioural research on attitudes, knowledge and motivations of professionals to adhere to infection prevention measures.

c) What significant work has already been done to address this? (please provide references where possible)

Development of guidelines and control on the implementation in health care (also veterinarians)

Compulsory farm health plan, which contains measures for improving animal health
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)

Decrease in the prevalence of infections caused by multidrug resistant organisms, is achievable after ? years.

? % compliance with infection prevention measures and or process indicators after ? years.

Compulsory Farm Health Plans

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?

Reducing the use of all antimicrobials by limiting the unnecessary use in all sectors

Extra reduction on the use of critical antibiotics by animals

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?

Getting all the stakeholders involved, i.e. doctors in human health, vets, farmers, livestock breeders, pharmacists, GPs, specialist in elderly care, insurance companies.

Awareness of general public not to ask for antibiotics when not necessary.

No antibiotics without a prescription by an health care professional.

Surveillance of antibiotic use and resistance data of in and outpatients, including information on indication, follow up and outcome

Surveillance of antibiotic use and resistance data in animals. Benchmarking of use.

Identify the determinants of prudent antimicrobial use and motivations for professionals to prescribe antibiotics.

Stimulate research into effective intervention strategies to enforce prudent use

Antibiotic stewardships

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

Development of guidelines and control on the implementation in health care (also veterinarians)

Benchmark of the use of antibiotics for animals

Surveillance and publication of the use of antibiotics (Nethmap and Maran)

In the Netherlands the use of antimicrobials in veterinary medicine has been reduced by 57% in 2013 compared to 2009 (in 2009 the use was very high). The veterinary use of third and fourth generation cephalosporines was reduced by more than 95% between 2011 and the end of 2013.

Mandatory susceptibility testing before using critical antibiotics for animals.

In human medicine the use is already very low. Antibiotics are covered by insurance, no incentive for doctors to (over)prescribe

TAP will be developed/implemented. We are trying to reconcile surveillance data on antibiotic resistance with data on antibiotic use and we are planning and performing studies on attitudes and motivations of antibiotic prescribers and how to optimize their prescribe behaviour.

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)

Decrease of consumption figures or sales figures (human and animal)

Further decrease of antibiotic use in GP practices, hospitals and animal use

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?

Because antimicrobial resistance is such an urgent global health threat, measures could be taken based on the precautionary principle, even though scientific evidence for possible measures is not always available.

However, research is necessary to underpin measures to be taken for instance the relative contribution of different routes of transmission of resistant bacteria to infections in humans.

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?

c) What steps have already been taken to address this priority? (please provide references where possible)
European Strategic research agenda on AMR (joint programming initiative)

IMI New drugs for bad bugs

EMA is revising criteria to accept new antibiotic drugs for registration (simplification of clinical trials)

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)

- 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?

There are many different ways to stimulate the development of new antibiotics. Both push and pull measures. We should also investigate the possibilities of public private partnerships for the development of new antibiotics or delinking investments from marketing and sales.

Also increased insight in the role of alternatives (phages, vaccines)

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?

There are many different ways to stimulate the development of new antibiotics. Both push and pull measures. We should also investigate the possibilities of public private partnerships for the development of new antibiotics.

Industry, policy makers, health insurance companies together with governments

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

Contribution to Joint Call JPIAMR on new antibiotics


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)

Within 5 years PDP operational

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?

Please also consider the precautionary principle. Because antimicrobial resistance is such an urgent global health threat, measures could be taken based on the precautionary principle, even though (conclusive) scientific evidence for possible measures is not always available.
It is important to take measures. But also consider the costs and benefits of measures.

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?

To set up an economic analysis of costs involved of AMR for health care, and the costs and benefits of implementing strategies to achieve a restrained and prudent use of antibiotics in the human and animal sector.

OECD, governments,

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

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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)

- insight in societal costs of AMR. Insight in costs and benefits of measures for prudent use of antibiotics.

Concluding questions

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

The Netherlands thank WHO for making the effort for writing a Global Action Plan. Action is needed. We offer our full support to the development of the action plan. Please feel free to contact us.

AMR-NL@minvws.nl

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

We would welcome a periodical reporting mechanism to stimulate progress. This mechanism should preferably be clear and transparent and yet concise.