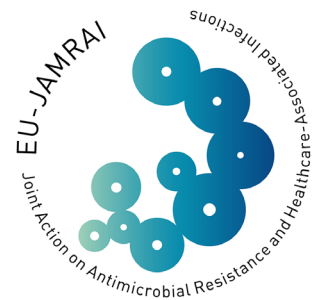


EU-JAMRAI: Europe fostering synergies to reduce the burden of AMR: what is the European Union doing to support Member States?

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An ambitious and challenging EU-funded project

The efficiency of any action addressing antimicrobial resistance (AMR) and healthcare-associated infections (HCAI) relies on involving different groups and on understanding the context of each of these. This means that the rationale underpinning the international action on AMR has to be “Think global, act local”.

Supported by the Health Programme of the Health and Food Safety Directorate-General, EU-JAMRAI is a unique place gathering all key actors in the fight against AMR, 27 Member States, international organizations such as OCDE and WHO and more than 30 stakeholders (representatives of the civil society, health professionals, patient associations, actors from the animal and environmental sectors and companies) involved in the field. Its aim is to propose concrete steps enabling European countries to strengthen the implementation of efficient and evidence-based measures to tackle AMR and HCAI.

Interesting results 18 months after its start

Partners involved in the Joint Action achievements cover the key areas addressing AMR and HCAI.

Strengthening national response

The Joint Action mapped the National Action Plans (NAPs) for AMR. From the 18 participating countries, 12 have implemented a NAP, among which 25% used a One Health

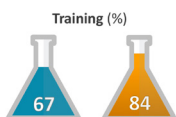
approach. Subsequently, Member States filled in a self-assessment tool about the implementation of their NAPs and they performed three pilot country-to-country visits to evaluate each other’s NAPs and One Health strategies and to discuss future policy options. The remaining country visits will take place in 2019. Analysis of the self-assessment raises a number of issues such as the need to keep or get the issue on the political agenda, the lack of resources, the difficulty of translating surveillance data into actions and the challenge of working with a One Health approach as different areas require different priorities.

Reinforcing infection control programmes

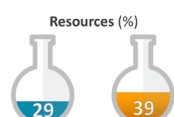
In the field of HCAs, two surveys were developed. Both surveys had large participation (> 2,500 respondents) and results depict not only the necessary institutional structures and resources needed for effective infection control programmes (ICP) implementation, but also the limiting barriers to be overcome as well as the behavioural changes needed. The survey highlighted that many gaps still remain. Some of them are lack of active involvement of hospital administrators and clinical department heads, insufficient cooperation between hospital administrators, ICP teams and public health authorities and a lack of human and budgetary resources.

Satisfaction with Infection Control Activities

- Infection Control Committee Members
- Hospital Administrators



Organizational Culture(%)



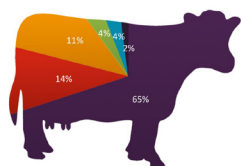
Only 19% of ICCs believes that their **COLLABORATION** with **CLINICIANS** regarding **infection prevention** is **EFFICIENT**

30% of ICCs answered that **COOPERATION** -- between -- **HA and ICCs** needs to be **IMPROVED**

Animal health survey: Responders' sector

- Animal healthcare provider
- Academia, scientific society
- Farmers and animal keepers
- Competent authorities
- Food industry
- Pharmaceutical veterinary industry

522 responders from 26 countries



In almost ½ countries
National Authorities
--- are responsible ---
for **ASP in hospitals**

- National Ministry of Health
- Hospitals (A teams)
- Hospitals (IPC or micro)
- Local/regional authorities
- Specialized national body

Antibiotic stewardship

To assess the facilitating tools for the implementation of antibiotic stewardship and surveillance programmes in humans and animals, a questionnaire for associations, vets, farmers and other professionals related to animal health, and a survey for clinicians in primary care, long-term care facilities and hospitals were set up. A repository with guidelines, tools and implementation methods for antibiotic stewardship for human health has already been published (<https://eu-jamrai.eu/results>).

Research

As far as research is concerned, research priorities have been mapped. The main common priorities include basic research on mechanisms of resistance, surveillance and implementation of IPC measures. Furthermore, gaps were identified including a lack of research in the environmental field, and in the food safety area and a lack of a fundamental research regarding ICP measures

Awareness raising and communication on AMR

EU-JAMRAI published a communication plan entitled “A social behaviour change communication strategy to tackle AMR and reduce HCAs in Europe” and developed an awareness raising video campaign #Don'tLeaveItHalfway that reached 2.7 million people in one month (report available at <https://eu-jamrai.eu/results>).

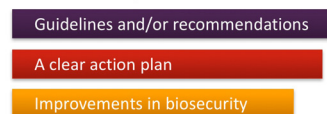
Call for action

AMR is a cross-border health threat meaning that measures taken within one Member State influence other Member

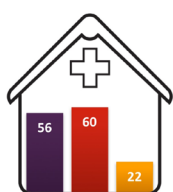
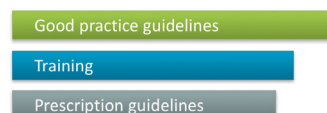
States. Therefore, AMR needs a coordinated response. Proposing concrete actions is the key objective that underpins the whole Joint Action. Studies have shown the different impact of the various AMR and HCAI measures. It is now up to each group of actors to turn its commitment into achievable and meaningful action within the remit of their competence.

- ➔ EU-JAMRAI calls for a renewed commitment from Member States to keep AMR reduction high on the agenda.
- ➔ EU-JAMRAI reiterates its ambition to bridge the gap between declarations and actions through concrete, shared and tailored actions.
- ➔ EU-JAMRAI calls for the alignment, if not an improvement, of international, European and national strategies and initiatives to fight AMR and HCAI.
- ➔ EU-JAMRAI strives for a fruitful cooperation whereby ideas and solutions proposed by partners within the EU-JAMRAI project are scrutinized by Member States representatives in the framework of both the MS Advisory Committee and the One Health Network. ■

3 most USEFUL tools to reduce ATB consumption in animals:



3 most NEEDED tools:



Human health survey

95 responders from 28 countries

- Primary care
- Hospitals
- Long-term care

