



Joint Action  
Antimicrobial Resistance and  
Healthcare-Associated Infections



Co-funded by the  
Health Programme  
of the European Union

# Results of self-assessments

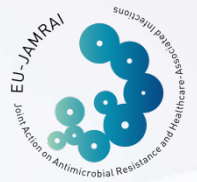
Work package 5

Task 5.2

September 2018



# Overall impression of results

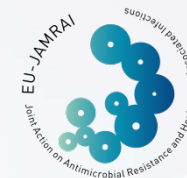


- Countries made a thorough exercise out of it. Chapeau!
- Easy to read and fits the purpose of self-assessments: reading them triggers questions that you want to discuss and learn about

## Questions:

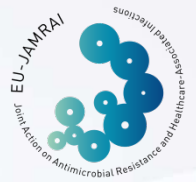
- What were your experiences performing the self-assessment?
- And with compiling a multidisciplinary team to perform the self-assessment?

# Overview Progress Self-Assessments on 29-08-2018



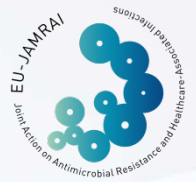
No	Country	Word doc	Formdesk	SWOT analysis
1	Belgium	N	Y	N
2	Bulgaria	N	N	N
3	Czech Republic	Y	Y	Y
4	France	Y	Y	Y
5	Germany	Y	N	N
6	Greece	Y	Y	N
7	Italy	Y	N	N
8	Lithuania	Y	N	Y
9	Poland	Y	Y	Y
10	Romania	Y	Y	Y
11	Slovenia	Y	Y	Y
12	Spain	Y	N	Y
13	Sweden	Y	N	Y
14	The Netherlands	Y	Y	Y
15	Norway - extra	Y	N	N

# How to use results of self-assessments



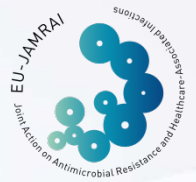
1. Scan through all documents. Focus on:
  - Country priorities (question 2)
  - Main measures taken (question 3)
  - Main challenges (question 7)
  - What does country want to learn and have to offer (question 8&9)
  - SWOT analysis
2. When performing a country-to-country visit, study all answers of the two countries involved, including on how the health system is organised in those countries. Use the document to prepare questions and points for discussion during the country visits.
3. Ask other members (and stakeholders) of WP5 to provide questions for the country to be visited.
4. Results of self-assessments will be presented at the EU One Health Network on AMR in Brussels on 26 October 2018.

# Results - TEN THEME'S



1. Stimulating implementation of NAPs - how to KEEP it on political agenda (NL, FR, DE, ES)
2. Developing NAPs and implementing recently launched NAPs - how to GET it on the agenda (PL, RO, SL, CZ, EL)
3. Tackling AMR in all domains vs. setting priorities/focus (NL, FR, DE, ES, SE, PL)
4. How does the One Health approach work in practice? Can good examples of One Health cooperation be used in other EU countries or are they usually not fit to tailor to local situations? (DE, ES, SL, CZ, LT, FR, NL, SE)
5. EU data are used to put national data in perspective, to demonstrate increasing importance, and to raise awareness - BUT difficult to interpret and translate surveillance data into action for policy makers and politicians (NL, DE, FR, SE, CZ, EL, SL, RO, LIT)

# Results - TEN THEME'S



6. How to deal with responsibilities at national/regional level; and government/private sector partners (ES, DE, SE, NL, SL, DE, SL)
7. Different experiences with working with measurable goals and measures/actions to reach these goals (NL, SE, DE, FR, EL, RO, ES, SL, LT)
8. Several countries have shown that policy measures work in reducing AMR, use of antibiotics and HAI's (NL, FR, DE, ES, SE). MRSA approach to serve as a model.
9. Many actions taken showing hopeful results and good practices - but overall EU resistance levels and ab use worsen (as was shown in The Hague by Monnet from ECDC).

## 10. Veterinary domain in the spotlight

- Noteworthy differences between countries. Forerunners: SE, FR, DE, NL
- Best practices are perceived useful
- Collection of sales and ab use data is useful but difficult, especially per animal species.
- Political pressure helps set up an infrastructure for surveillance, cooperation between stakeholders and domains etc.
  - Clear difference between SE, FR, DE, NL & PL, SL, CZ.

## Overview of priorities identified in NAPs

- From *no* priorities (PL) to 16 (SE)
- Priorities mentioned by multiple countries:
  - Awareness & communication (6)
  - Surveillance/monitoring (4)
  - IPC (6)
  - Prudent use (5)
  - Research, development & innovation (3)
  - Governance (4)
- Priorities mentioned once or twice
  - Improve compliance with guidelines (BE)
  - Improve animal health and welfare (CZ)
  - Establish regional health care networks (NL)
  - Early warning system (DE)

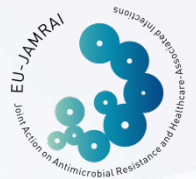
## Overlap with objectives WHO GAP:

1. improve awareness;
2. strengthen knowledge through surveillance and research;
3. reduce the incidence of infection;
4. optimize the use of antimicrobial agents;
5. develop the economic case for sustainable investment, and increase investment in new medicines, diagnostic tools, vaccines and other interventions.



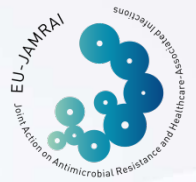
- Overview of what countries want to learn (1):
  - Exchange best practices in more detail, share knowledge on how to implement best practices, how to stimulate professionals to implement and sustain good practices
  - Experiences from working with antibiotic stewardship programmes, guidelines and tools for stewardship that have been helpful to decrease consumption or maintain low levels of AMR, measures for prudent use of antibiotics and combat AMR in hospitals, development of national guidelines on prudent use
  - Results obtained in other countries on monitoring the effect of antibiotics in the environment, harmonised monitoring in the environment

# Overview of what countries want to learn (2):



- Benchmarking in health care
- Policy on travellers importing resistant bacteria
- How diagnostic tools are used and compensated for
- Cooperation networks in health care
- How to deal with federal systems and AMR
- How to deal with lack of visibility in national public policy
- How to deal with change of behaviour notably for GPs
- How to improve economic model on AMR to boost innovation
- Details on human and veterinary education curriculum
- Advice on solving AMR issues
- Systems in use in other countries to monitor and follow-up the use of antibiotics in veterinary domain
- Monitoring and resistance in animal pathogens
- Surveillance of resistance and consumption of antibiotics in humans
- Designing, establishing and running effective health programmes
- Implementing the NAP/AMR measures with the participation of all relevant sectors with clearly defined responsibilities
- External perspective on our activities, with different solutions and concrete recommendations is expected
- How to set national goals, act according to international guidelines and improve the reporting system
- Consider the national policies of countries with low AMR as models that could ensure better results for our country
- Analysing the structure of actions plans and the relationship with the political structure
- Identify who are the leaders in AMR and study their characteristics
- Learning from other countries with decentralised administrations

# Results - examples of best practices



- AMR, CRE and HAIs surveillance systems (IT)
- Regulated sales (SE)
- Collaboration across levels and sectors (SE)
- Evidence-based guidelines (PL)
- Regional AMR management groups (LT)
- REDUCE - program to reduce use of colistin in VET sector (SP)
- Implementation of HAI targets (FR)
- One Health NAP - creation and implementation (FR)
- Multi-sectoral working group at national level (SL)
- Implementation of good breeding practices (SL)
- Antibiotic centers for restrictive ab use (CZ)
- Monitoring program for resistance of target vet pathogens (CZ)
- Professional standards combined with government enforcement system (NL)
- Raise awareness in targeted populations (RO)

1. Prepare points for discussion to address to EU One Health Network
  - Plenary discussion
2. Participants prepare 1 question per country for all future visits
  - Work in groups and report back plenary
3. Discuss how to organise structured and fruitful discussion during country-to-country visits on topics addressed in self-assessments
  - (Optional) plenary discussion on 'tips and tops'

- Proposal 1: Results of self-assessments contain many best practices on infection prevention and prudent use of antibiotics – share this list with Work Package 6&7
- Proposal 2: Pick a couple of theme's and in following workshops organise separate presentations with experiences from participating countries followed by a discussion on these theme's.



EU-JAMRAI



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