

Joint Action
Antimicrobial Resistance and
Healthcare-Associated Infections

Deliverable 5.3

Overview enforcement and recommendations

WP#5 | Implementation of One Health national strategies and National Action Plans for AMR

Task# 5.3 | Strengthening supervision

Leader acronym | VWS (NL) - IGJ

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JAMRAI: Building a Network of Supervisory Bodies on AMR in Europe

The mission of the Joint Action Antimicrobial Resistance and Healthcare-Associated Infections (JAMRAI) is to foster synergies among EU Member States by developing and implementing effective policies, strengthening national and international health security initiatives against the AMR challenge, which requires a collective European approach. The Joint Action aims to strengthen existing public health policies both at national and European level and contribute to achieving the objectives of the WHO Global Action Plan on AMR and the EU Action Plan on AMR. The Netherlands is responsible for workpackage 5 (WP5): Implementation of One Health national strategies and National Action Plans (NAP) for AMR.

One of the activities of WP5 is task 5.3: Strengthening Supervision*, led by the Health and Youth Care Inspectorate of the Dutch Ministry of Health, Welfare and Sport. The aim of this task is to create a voluntary network to facilitate collaboration between competent authorities or supervisory bodies (including professional associations) responsible for supervisory activities related to AMR in the Member States.

These activities are organised in different ways in the different countries depending on the healthcare system, national legislation and distribution of competences and responsibilities within the country. Supervision provides information about the level of implementation of national policies, the level of compliance with legislation or adherence to guidelines or recommendations. Supervision is a valuable tool to assess the execution of the NAP on AMR, to identify areas where action or improvement is needed, to assess the reasons why compliance is not met and may help parties to better comply with existing rules.

Information from Member States

The Member States involved in JAMRAI WP5⁺ participated in an invitational workshop, in meetings, questionnaires, discussions and in a series of interviews with allocated country-representatives. During these occasions information was shared about the role and organisation of supervisory bodies in these Member States, and their role in the monitoring of the implementation of the NAPs. Furthermore, common white spots and shortcomings on the implementation of the NAPs were identified.

Finally, ideas to setup the European network of supervisory bodies were gathered. The outcome of these activities is described below. Our proposal for the establishment of the network of supervisory bodies is based on these results.

Building a Network of Supervisory Bodies

All participants stated that a European network of supervisory bodies on human health would be helpful. Despite the various systems among countries, it seems achievable to start the activities of the network with sharing experiences and best practices on supervision regarding the implementation of NAPs. In the near future, the network may assist in providing recommendations and setting common EU standards. It will be necessary for the network to learn about the various systems across Europe. Considering the positive experience of the country-to-country visits as a valuable tool to assess NAPs, a similar system may support the assessment of the activities of supervisory bodies as well. The outcome of this workpackage will be presented to Member States and at different EU meetings, for example in the One Health Network.

* In this overview the term 'supervision' is broader used to indicate all activities performed by the competent authority, professional organisation or other (governmental) bodies in relation to the oversight or control of AMR related activities, including licensing, accreditation, certification etc.

+ Participating countries WP5: France, Spain, Germany, Italy, Slovenia, Czech Republic, Sweden, Belgium, Poland, The Netherlands, Lithuania, Greece and Romania.

Strengthening supervision on AMR in Europe: the results

Institutions for Supervision

Supervision* of healthcare activities is organized differently in the participating countries. In most countries, the ultimate responsibility is centralized nationally, as separate independent supervisory body or as part of the Ministry of Health. In some countries, there is national coordination, but room for regional flexibility. In other countries the regions are highly autonomous and every region has its own supervisory body. In some countries, more than one organisation is involved in supervision. Epidemiological monitoring of antimicrobial resistance (drugs and bugs) is performed in multiple sectors in healthcare, e.g. hospitals, nursing homes and general practitioners. In some countries, supervisory activities are mostly focused on accreditation of healthcare institutions, notification of infectious diseases, monitoring of antibiotic prescriptions and infection prevention. In countries with several supervisory entities, adequate collaboration between these entities is sometimes difficult to maintain.

Implementation National Action Plan on AMR or compliance to national guidelines for infection prevention and AMR

Most of the participating countries in WP5 have a National Action Plan (NAP) on Antimicrobial resistance. However, the specific role of the supervisory body is not always included in the NAPs. Nevertheless, most supervisory bodies have developed measures to improve or enforce the implementation of the NAP. Some supervisory bodies have intensified activities or continued those that were already in place.

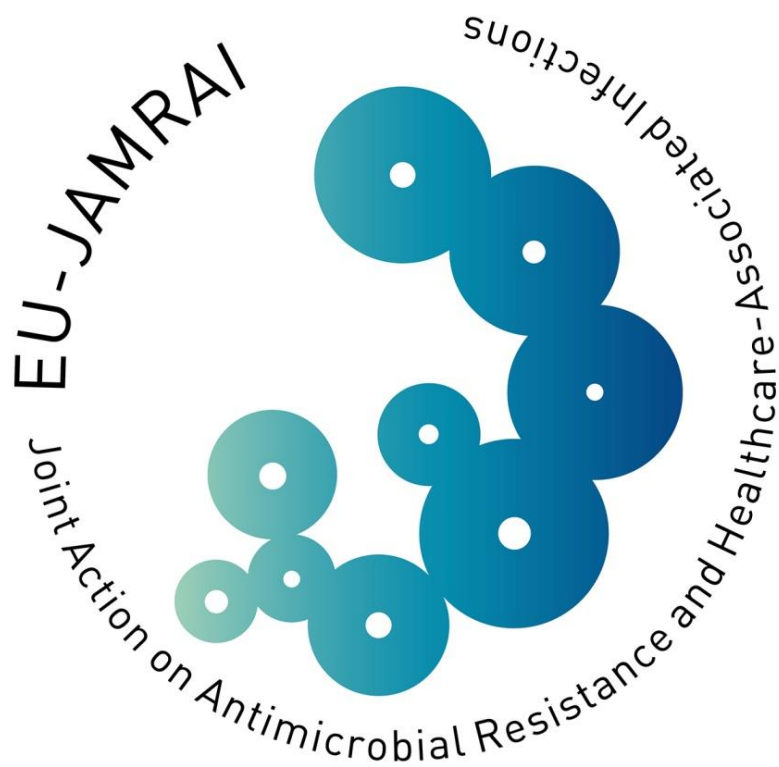
The main barriers for the implementation of the NAP are human and financial resources and lack of (political) priority. The main barriers for effective supervision vary from lack of legislation to complexity of the system. Not all countries have a monitoring system to check the compliance and implementation of the activities in the NAP. Some participants explained that the use of antibiotics is mainly assessed using surveillance data within hospitals, measuring antibiotic consumption and prescriptions.

However, in many participating countries this is not the responsibility of the supervisory bodies. In those cases, surveillance is done by research institutes, medicines agencies or by the healthcare institution itself. Surveillance data are not always published nationally. Measuring compliance of the NAP, other than antibiotic consumption, is underdeveloped in most countries.

White spots and recommendations

Measuring the effect of the activities dictated by the NAP appears to be difficult. Nevertheless, participating countries stated that for instance certification and accreditation of hospitals really improved the quality of infection prevention and AMR programs (e.g. antibiotic stewardship). Countries working with indicators, highlighted that it is difficult to design proper outcome-indicators. In most countries, there is room for improvement in aspects such as human and financial resources, political priority, legislation/legal requirements and supervision in many sectors in healthcare. Improvement of knowledge of both professionals and the public may also contribute to favourable outcomes of the NAPs.

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