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# European Joint Action on antimicrobial resistance and associated infections

JA2015 - GPSD [705038]

START DATE: 01/09/2017

END DATE: 28/02/2021

DURATION: 36 month(s)

CURRENT STATUS: Finalised

PROGRAMME TITLE: 3rd Health Programme (2014-2020)

PROGRAMME PRIORITY: -

CALL: Joint Actions 2016

TOPIC: Antimicrobial resistance and Health Care Associated Infections

EC CONTRIBUTION: 4178162.75 EUR

KEYWORDS: Antimicrobial Resistance, Antimicrobial Resistance, Health-Care Associated Infections, One Health, Public Health Policies, Research, Research

## Project abstract

Antimicrobial resistance (AMR) is a serious public health threat that is gaining swift ground. The increase of multi-resistant bacteria associated to the lack of new antibiotics represents a threat to global health. Some patients are faced with no therapeutic solutions as some bacteria resist to all antibiotics.

Moreover, "old" antibiotics and to some extent more "recent" ones are gradually removed from the market because they are not economically sustainable, albeit being still possibly efficient. The issue of antimicrobial resistance is a real challenge that decision-makers are well aware of and has gained a high priority among public health challenges.

A closely related challenge is the issue of Healthcare Associated Infections that shall not be considered separately. In fact, infection prevention and control strategies should go hand in hand with i) prudent use of antibiotics ii) appropriate tools for monitoring and surveillance and iii) accurate diagnostic tests to decide on the right therapy.

The various national, European and international initiatives that have emerged over the last decade have shown a great commitment to actively tackle these issues. It is essential that all actors in the field of AMR join forces so as to avoid duplication of efforts and ensure greater coherence. Moreover, it is essential that the strategies adopted extend beyond the sole human health domain and bring a global One Health response.

The overall objective of the AMR-HCAI JA is to ensure that policies for control of AMR and HCAI are adopted and implemented across EU MS in a coordinated way, ensuring national specificities are accounted for, in line with the ECDC and WHO guidelines and recommendations, and in conjunction with other European initiatives. This will be made possible by bringing together different networks of policy makers, experts and organizations on AMR and HCAI working in different European and International initiatives and projects relevant for policy decision.

## Summary of context, overall objectives, strategic, relevance and contribution of the action

The Joint Action EU-JAMRAI aims to bring together the participating EU member states and international organizations, institutes, universities to contribute to tackle Antimicrobial Resistance (AMR) and Healthcare- Associated Infections (HCAI). It will capitalize on existing initiatives and propose concrete steps to reduce the burden of AMR. This collaboration strives to foster behavioral change at individual and community level and tackle this pressing issue within a "One Health" approach, considering the prevention and control of AMR in humans, animals and environment.

AMR is a major public health problem that will cause 10 million deaths worldwide by 2050 unless action is taken. EU-JAMRAI is an EU-funded project

that will contribute to face this problem, already responsible for an estimated 25,000 deaths per year in the European Union. Although AMR and HCAI (Health-Care Associated Infections) are often considered separately, the relationships between AMR and HCAI are well established, and both are dealt with by the same bodies in many organizations. Infection prevention and control strategies (IPC stewardship) should go hand in hand with i) prudent use of antibiotics (antibiotic stewardship), ii) appropriate tools for monitoring and surveillance and iii) accurate diagnostic tests to decide on the right therapy (diagnostic stewardship).

In line with the EU Action plan and the Council Conclusions on AMR (adopted on 17 June 2016) and the tripartite GAP, the Joint Action on AMR and HCAI will build on existing works and initiatives by Member States as well as international organizations (OECD, ECDC, WHO Europe, OIE and FAO). It will propose concrete steps enabling European countries to strengthen the implementation of efficient and evidence-based measures to tackle AMR and HCAI, for the benefit of Member States and overall public health in Europe. Therefore, the overarching objective of the AMR-HCAI Joint Action is to support EU Member States develop and implement effective one health policies to combat AMR and reduce healthcare-associated infections.

The Joint Action will therefore contribute to:

- Identifying and testing evidence-based measures to address AMR and HCAI in different contexts and, based on the outcome of these tests, support capacity-building and provide recommendations to policy-makers (WP6, WP7, WP4);
- Bringing together different networks of policy makers, experts and organizations on AMR and HCAI working in different European and International initiatives and projects relevant for policy decision (WP1, WP2, WP4, WP5, WP8);
- Promoting (i) the One Health approach through a closer collaboration, understanding and trust between the animal health and human health sector, accounting for environmental issues, and (ii) the "One Health in all policies" concept (health policies should have an intersectoral dimension) in addition to the "Health in all policies" concept (all policies should have a health dimension) (WP5, WP7);
- Increase awareness and understanding of AMR across European member states (WP2, WP8)
- Producing concrete recommendations for a European contribution to international initiatives such as WHO, GHSA, G7...(WP2, WP4, WP9)

No less than 44 partners and more than 40 collaborating stakeholders from all over Europe participate in this JA. Key international organizations such as WHO Europe, OECD, OIE and FAO will take part in this project to fuel the debate with their expertise and ensure consistency with existing initiatives, including the WHO Global Action plan, the recently adopted EU action plan, the JPI AMR or the Council Conclusions on AMR. Additionally, representatives from health professionals, patients and industry will take part in EU-JAMRAI.

\* Added value at EU level in the field of public health: The Joint Action will enhance cooperation between Member States, the European Commission and

its agencies and other international organisations and will enable each tar

## Methods and means

The aim of this JA is to join forces to define European common policies to fight AMR and to control HCAI in line with ongoing EU and international policies. The JA will look over the best programmes in each country to get the best for this JA and see how cooperation at EU level can improve national AMR-related policies. To efficiently implement concrete actions, the national specific political contexts of AMR and HCAI status (antibiotic prescription behaviour, AMR epidemiology, hygiene measures, variety of health-care systems, population size ...) will be taken into account in all WPs. The JA will ensure that the key component of the Knoster modal (vision, skills, incentives, ressources and action plan) are used to foster change and ensure implementation at local level of JA recommendation.

By involving key stakeholders, the JA will capitalise on existing expertise derived from these various groups to elaborate and disseminate the JA outputs. Moreover, when appropriate, the stakeholders will be directly involved in the WPs. Besides stakeholders, HCW (general practitioners, hygienists, nurses,...), veterinarians and patient groups will be also highly involved. Only a coordinated action including all the partners at local and national levels and with a OneHealth approach will be decisive to successfully reduce AMR and prevent HCAI and have an impact on the overall public health in Europe. There are nine work packages:

WP1: Coordination of the project: Leader: Inserm France. Actions undertaken to manage the project and to make sure that it is implemented as planned

WP2: Dissemination of the project. Leader: AEMPS Spain. Actions undertaken to ensure that the results and deliverables of the project will be made available to the target groups

WP3: Evaluation of the project. Leader: ISS Italy. Actions undertaken to verify if the project is being implemented as planned and reaches its objectives

WP4: Integration in National Policies and sustainability. Leader: Ministry of Social Affairs and Health (MoH-FR) France. Actions undertaken for integration of evidence-based policy initiatives and key recommendations issued from the JA into Member States policies, to support and improve national plans development, and to ensure the sustainability of the JA activities at national or on the local or regional level, based on the Knoster model.

WP5: Implementation of One Health national strategies and National Action Plans for AMR. Leader: Dutch Ministry of Health, Welfare and Sport (VWS) The Netherlands. Actions to support Member States (and other participant countries) on the implementation of some of the provisions laid down in the Council Conclusions on the next steps under a One Health approach to combat antimicrobial resistance

WP6: Policies for prevention of Health Care Associated Infections and their implementation co-leaders Hellenic Center for Disease Control and Prevention

(HCDCP) Greece & Public Health Agency of Sweden (FOHM) Sweden. Actions to support the establishment of efficient and feasible infection control programs through the effective implementation of agreed key components for guidelines and/or other tools at national, regional and local level to prevent infections and thereby limit the use of antibiotics and spread of resistant bacteria in health-care settings.

WP7: Appropriate use of antimicrobials in human and animals. co-leaders: Norwegian Institute of Public Health Norway & AEMPS Spain: Actions to collate and organise into a useable database current guidelines for antibiotic stewardship at all levels of the European health system and to develop efficient tools and checklists for the implementation of guidelines for the proper use of antibiotics in all EU member states.

WP8: Awareness raising and Communication. Leader: AEMPS Spain. Actions to promote the responsible use of antibiotics and encourage best practices among the general public and healthcare professionals and through higher dialogue with young population a

## Work performed during the reporting period

- WP3: Development of an evaluation plan and progress monitoring and quality assessment of JA documentation and deliverables
- WP4: In the frame of the task of "Integration plan and sustainability strategy", a survey for "prioritization of action to prevent and control AMR and HCAI" was set up with the aim to identify priority actions which are viewed by Members States and stakeholders as most relevant to tackle AMR and to control HCAI. It is launched and intended for the Advisory Committee members and stakeholders.
- WP 5: Mapping National Action Plans (NAPs) for AMR was carried out. The results were discussed during the workshop in the Netherlands on 22-23 Jan. 2018 and presented at the EU One Health Network on AMR meeting in Brussels on 5 Feb. 2018. Self-assessment tool of national strategies and NAPs for AMR, including the One Health approach was developed and sent to all countries participating in this JA. The results were discussed during the workshop in Warsaw on 3-4 Sept. 2018. Three pilot country to country visits took place in order to evaluate each other's NAPs and One Health strategies and to discuss future policy options, and plans: Germany to France; Slovenia to Czech Republic and Netherlands to Spain. The feedbacks were presented during the workshop in Vienna on 7 Nov. 2018.
- WP 6: Two surveys were developed in the frame of the task "Promoting a top-down approach for preventing HCAs through the implementation of agreed infection control programs (ICP) and institutional behavior change":  
Survey A: for the key components of ICP based on the ECDC and WHO guidances and the requirements of the updated EU Action Plan for AMR regarding the hospital sector;  
Survey B: related to barriers for an effective ICP implementation, linked to institutional policy & organizational behavior.

Both Surveys had large participation (more than 2600 responders from 8 countries), resulting in having a useful and essential insight into the clinical reality of hospitals regarding ICP implementation from 4 different perspectives: ICCs, HAs, HCWs and PHAs. Results depict not only the necessary institutional structures and resources for an effective ICP implementation, but also the limiting barriers that required to overcome as well as the behavioral change needed.

The topic - Catheter associated urinary tract infection (CAUTI) - was selected for the task "Promoting a bottom-up approach from clinical practice to policy level by implementing evidence-based guidelines and existing policies using a structured implementation model and working in country teams". Identification and comparison with national/local guidelines were done. The preparation phase and prework is achieved

- WP 7: Guidelines, tools and implementation methods for antibiotic stewardship for both human and animal health were developed and discussed during the workshop in Vienna on 7 Nov. 2018. In the frame of the task dedicated to facilitate implementation of antimicrobial stewardship and surveillance of resistance in both human & animal, questionnaire for associations, vets, farmers and other professionals related to Animal Health, and survey to map the antimicrobial stewardship in primary care, long-term and hospitals in Europe were set up with 522 responders from 26 countries and 95 responders from 28 countries, respectively. The results were discussed during the workshop in Vienna on 7 Nov. 2018.

- WP 2 and 8: A communication Plan entitled "A Social Behaviour Change Communication strategy to tackle AMR and reduce HCAIs in Europe" as well as an awareness campaign are developed and presented around a dedicated roundtable at the Stakeholder Forum in Vienna on 9 Nov. 2018. EU-JAMRAI activities were presented at 16 conferences and events including a EU-JAMRAI stand founded by CHAFEA during the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) in Madrid on 21-24 April 2018.

- WP 9: In the frame of the prioritization of research

## The main output achieved so far and their potential impact and use by target group (including benefits)

The involvement of key collaborating stakeholders to elaborate concrete recommendations and implementable measures to tackle AMR and HCAI. They disseminate the output of the EU-JAMRAI Joint Action to its own network

## Achieved outcomes compared to the expected

## outcomes

- We are working on the development and implementation of national strategies and action plans on AMR and HCAI in order to support Member States and ensure a common approach at European level on the implementation of the Global Action Plan. Mapping Questionnaire was developed in consultation with participating countries and the collaborating stakeholders and subsequently sent to participating countries. 13 participating countries and 5 non-participating countries returned the questionnaire. The results were discussed during the workshop organized on 22-23 January 2018 in The Hague, The Netherlands.
- The collaborating stakeholders and the participating partners are working hand in hand to fight AMR within the "One Health" approach.
- The Stakeholder Forum were organized on 9 Nov. 2018 in Vienna at the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection in Vienna, where key international organizations such as WHO Europe and ECDC, as well as representatives from health professionals, patients and industry provided recommendations based on their experience. It was structured in three roundtables. The first one was focused on evidence informed public health policies and practices related to combating AMR and HCAI. The second roundtable, was about "Training and Education", strengthen the importance of putting evidence into understandable packages of communication. To finish the forum, EU-JAMRAI team presented the JA "Awareness raising and communication strategy".

## Dissemination and evaluation activities carried out so far and their major results

- In this first period, the priority was first to set up the communication and dissemination tools for the joint action such as a logo representing the project, the website and a leaflet. Press releases were published at the start of the project and send for dissemination/appropriation to all partners and following the General Assembly meeting and Stakeholder Forum organised on 8-9 November 2018 in Vienna.
- A communication Plan entitled "A Social Behaviour Change Communication strategy to tackle AMR and reduce HCAIs in Europe" as well as an awareness campaign are developed and presented around a dedicated roundtable at the Stakeholder Forum in Vienna on 9 Nov. 2018. EU-JAMRAI activities were presented at 16 conferences and events including a EU-JAMRAI stand founded by CHAFEA during the European Congress of Clinical Microbiology and Infectious Diseases (ECCMID) in Madrid on 21-24 April 2018.
- For wider public information and dissemination, social media channels and Tweeter account have been created. An article on EU-JAMRAI was published in the magazine AMR Control 2018
- Participation of the Joint action in about 16 events



- An “evaluation questionnaire” was submitted in order to evaluate the General Assembly meeting which was held on 8 November 2018 in Vienna.
- Development of an evaluation plan and progress monitoring and quality assessment of JA documentation and deliverables

# Work package

## Work Package 1: Coordination

Start month: 1

End month: 36

Work Package Leader: INSERM

### Task 1.1 : Strategic steering

Leader: INSERM / Contributors: Governance bodies / Start date: M1 End date: M36

Task description: this task involves setting up and managing the relevant steering and management bodies described fully in section:

- General Assembly: deciding board made up of one representative per associated partner
- Executive Board: operational body made up of WP leaders
- Steering Committee: composed of one representative (competent authority) from each Member State. The members will be nominated at the start of the project.
- Stakeholders Forum: composed of external experts from international organizations such as WHO, ECDC, OECD, EFSA, OIE, FAO and other representatives from healthcare professionals' organizations and of patients (see section 9 for details). The members will be nominated at the start of the project. This governance structure will ensure the relevance of the JA AMR HCAI activities in line with the work plan and national and European strategies.

### Task 1.2: Contractual and financial management

Leader: INSERM / Contributors: WP Leaders / Start date: M1 End date: M36

Task description: this task will be coordinated by the Joint Action Secretariat (JAS) that will be responsible for the day-to-day management. It is composed of the project coordinator (Marie-Cécile Ploy, INSERM) assisted by resources including a project manager based at INSERM. The JAS will be in charge of:

- Preparation of the Consortium Agreement to be signed by all beneficiaries at the start of the project
- Appraisal and monitoring of the project costs in order to oversee and check the overall costs incurred per work package and per participant
- Management and distribution of EC payments
- Assistance to individual project partners on specific administrative and financial issues

The PMT will meet monthly and will hold every 4 months teleconferences with the Executive Board to share updates on progress of the WPs.

### Task 1.3 : Periodic reporting

Leader: INSERM / Contributors: Executive Board (technical), All partners (financial reporting) / Start date: M1 End date: M36

Task description: this task will:

- Monitor the progress of the project in terms of deliverables, milestones, etc., using dedicated project management tools;
- Identify and monitor risks and propose appropriate mitigation measures to the

General Assembly and the Steering Committee;

- Prepare periodic and final reporting to ensure timely and efficient submission to the EC

Task 1.4 : Communication: internal and with CHAFEA / DG SANTE

Leader : INSERM; Participants: MoH-FR / Start date: M1 End date: M36

Task description: the following activities will be carried out:

- To use the project website to be set up in WP2. It will act as a platform to share internal project documents;
- Regular web/audio conferences to support WP collaboration and interactions;
- Every 4 months, activity reports updating all project collaborators on the project activities;

The project coordinator will act as the official representative towards the CHAFEA and DG SANTE. The project coordinator will provide those two interims and a final report, assisted by the JAS (composed of a project manager at Inserm and an assistant manager at MoH-FR).

## Work Package 2: Dissemination

Start month: 1

End month: 36

Work Package Leader: AEMPS

### WP Methodology

In order to meet the main objectives, WP2 will pay special attention to both, its internal and external communication and will line up a qualified team for its development. A wide variety of dissemination methods and tools to inform, engage and promote the outcomes of the JA will be put in place.

To start with, all WPs will designate a contact person to collaborate with WP2 for all matters related to dissemination activities (events, articles, reports...).

Communication between the WP2 leader and each WP contact person (informing WP leaders and also the coordinator) will be carried out via email on regular basis, and also via TLC, depending on the project's needs.

WP2 facilitates coherent and sustainable external communication of the JA and ensures that its objectives, activities, results, and deliverables are known. In order to do so, AEMPS will develop a dissemination plan that is planned to cover relevant stakeholders and identify the appropriate timing of release of interim and final results through appropriate and effective dissemination activities such as conferences, congresses or publications so that widespread dissemination is achieved. This plan will be a living document and will be monitored and adapted to reflect progress and changes.

The main dissemination tools (website, leaflet, layman report...) and materials will be produced in English. There will be the option to send the same material translated into different languages (translated by the country itself), however, that would depend on the tool or activity (relevance) and the resources of the country to carry out this translation and work. Each participant will ensure language is

appropriate for the audiences addressed. This WP will ensure the quality of the website and tools as well as engage with other WP leaders and partners so as to ensure the appropriate level of dissemination for each of the WP outputs, services, tools, events, etc.

#### Task 2.1: Design of a dissemination plan

Leader: AEMPS / Start date: M1 End date: M10

The main principles in order to elaborate the dissemination plan will be: Defining key messages, establishing target audiences and selecting the appropriate tools and activities so that we can achieve the following aims of this task:

- To ensure that the results and deliverables are known to all partners and available to all key audiences and target groups
- To bring knowledge, experience and best practice together in order to achieve the objectives, activities, results and deliverables are known to all identified stakeholders and wider audience on EU and national / regional levels.
- Assist different WPs in their communicational needs. Thus, active and collaborating partners will be able to ask for support for any sort of dissemination event or activity related to their own aims, as well as any advice to develop any of their initiatives. This assistance will strengthen the dissemination and make it more effective.
- Creation of an official website with the aim of gathering and collecting a group of useful reference tools that could be progressively updated.

#### Task 2.2: Communication tool-kit (visual identity)

All the dissemination related material, such as project logo, templates for internal and public documents, leaflet format, etc., will be defined at the very beginning of the project in order to establish the project image as soon as possible. The corporate identity and communication tools will be developed for the project in line with what will be developed by JA to ensure consistency.

Leader: AEMPS / Start date: M1 End date: M12

Task description: a tool-kit will be developed, including

- Logo and claim: they should incorporate the project mission into one single graphic along with a catchy slogan/claim able to engage with the target audience. Logo will indicate co-foundation as do other materials.
- Web banner design as an extra tool, complementary one, for all the others (logo etc. ).-
- Develo

## Work Package 3: Evaluation of the project

Start month: 1

End month: 36

Work Package Leader: ISS

### WP Methodology

The evaluation process will include two major issues:

i) Progress and results evaluation (Internal evaluation);

## ii) Quality evaluation (External evaluation).

The details of the evaluation process will be included in the Evaluation Plan (EP).

Relevant stakeholders will be engaged in the different phases of the evaluation process:

- one or more delegates for every WP and ECDC (due to its experience in infection prevention and control) for Internal evaluation (progress and results evaluation);
- Institutions at national (e.g. representatives of Ministry of Health, Agriculture, Environment, Research) and regional/local level, Policy-makers, Industries, Patients Association, Healthcare professionals Association, Scientific Societies (ECDC, EPHA), International Organizations (WHO Europe, OECD, FAO) for External evaluation (quality evaluation).

In order to reach the main objective (i) (progress and results evaluation), for every single JA objective and milestone process, output and outcome will be explored through specific indicators, defined and shared with WPs' leaders and relevant stakeholders.

These indicators will help evaluating the project progress, outcomes, impact and expected and unexpected development.

### Tools

- i. Surveys through on-line questionnaires designed to be completed through self-assessment at country level by project participants and internal stakeholders;
- ii. Recording data out of routine documentation of WPs and pre-release deliverables (data from internal WP surveys, training materials, developed guidelines, operations manual, recommendations, results of pilot projects, questionnaire exploring: the carrying out and accomplishments of general and technical meetings, characteristics of participants, outcomes emerged and appreciation degree);
- iii. Meetings (on-line or face to face) to agree the Evaluation Plan, agree and share Evaluation Tools and share reports (interim and final) results with participant representatives of all JA WPs.

In order to reach the main objective (ii) (quality evaluation), the evaluation plan will be based on comments, suggestions and/or recommendation made by the Steering Committee and the Stakeholders Forum, which will give their contribution to assess:

- accuracy of Evaluation Plan in all its phases and efficacy and usefulness of Evaluation tools;
- relevance of JA AMR and HAI issues perceived at different level (institutional, academic and operational level);
- reproducibility, truthfulness and completeness of data provided by WPs' leaders and partners (e.g. through surveys' questionnaires) through National and Regional health institutions web-sites consultation, requests for integrations/clarifications, dispatch of additional documentation, etc.;
- comprehensiveness and accessibility of contents of deliverables and documentation released (e.g. clarity and realistic nature of conclusion and proposal);
- representativeness and relevance of stakeholders engaged and experts involved

and of their performance;

- satisfaction degree about JA strategies, actions, tools and outcomes by policy makers, HCWs, Patients Associations and other stakeholders.

#### Tools

- i. Surveys through on-line questionnaires designed to be completed through self-assessment at country level;
- ii. Consultations involving different participants and stakeholders (WP leaders and partners, external stakeholders...) experts in HAI prevention and AMR;
- iii. Meetings (on-line or face to face) to share reports (interim and final) with external stakeholders.
- iv. EU MS National and Regional health institutions web-sites consultation for the availability of official data.

Progress and results evaluation and Quality evaluation will be included in interim and final reports, which will be shared with both internal and external stakeholders.

The team of evaluators will be composed by several professionals from Institutions/University with expertise in "projects evaluation" an

## Work Package 4: Integration into national policies and sustainability

Start month: 3

End month: 36

Work Package Leader: MoH-FR

#### WP Methodology

In general, the approach taken in WP4 will be through workshops and consultation of stakeholders, policy makers and competent authorities represented in the Steering Committee, and partners.

Given the specific role of this WP in terms of extension/dissemination of actions and implementation of sustainability strategies within Europe, it is clearly of importance that a maximum possible of MS, and whenever possible associated states and non-EU members contribute or be associated with the steps taken within this WP.

#### Task descriptions

Task 4.1: Integration plan and sustainability strategy

Leader: MoH-FR ; Contributors : NMI, AEMPS / Start date: M3 ; End date: M30

Task description: the integration plan and sustainability strategy will propose, within the remit of the priorities identified by the WP and validated by Member States, an implementation plan on AMR and HCAI, compliant with EU Action plan as well as WHO Global action plan. It will identify for each actor, from patient groups to international organisations, achievable and realistic actions that are "game-changer". Based on the gap analysis performed within WP5, and a SWOT analysis of national strategies, the integration plan will propose specific roadmap for national competent authorities to adapt their national strategy to identified priority areas for intervention. Being focused on achieving reasonable and concrete

objectives, the JA will share the best practice and deliverables it has produced with key players.

The WP will ensure that all core WPs (5,6,7,8,9) take into account the sustainability of their action within their work and reports. Close cooperation during the JA lifespan will ensure that from the beginning, sustainability and integration into national policies are carefully considered. WP4 leaders will therefore closely follow-up and contribute to the work done by other WPs through participation at meetings, iterative process of deliverables, observation and guidance on other WPs' outputs.

4.1.1: Identify outputs from the JA which should be widely disseminated and integrated into national strategies for control of AMR and HCAI.

This preliminary step aims to analyse the expected outputs from the JA in terms of guidelines, recommendations or implementation tools which are planned to be available by the end of the 3-year duration of the JA, and would need to be promoted at the regional/ national/ EU level. This analysis will be based on the compilation of objectives and deliverables from the JA WPs, and timing of availability of these outputs. After having analysed the MS priorities with regard to prevention and control of AMR and HCAI through a survey of Stakeholders and competent authorities as well as integrating information from gap analyses performed within WP5,6 and 7, these outputs will be put in perspective with MS priorities and existing reference documents (e.g., from ECDC, WHO,...) and analysed for their added value and potential for integration into national policies and action plans. This will form the basis for a draft version of the integration & sustainability plan. This draft version will be made available on the JA website (with WP2) for all JA partners and advisory bodies to comment and provide input on the draft plan.

4.1.2. Produce a sustainability plan

From the analysis performed in 4.1.1., priority areas for improvement will be discussed with the stakeholders forum and incorporated into a development program for prevention of AMR and HCAI, which will form the final version of the integration plan and sustainability strategy, produced by M30. This task will be coordinated by MoH-FR with the contribution of all partners. Representatives of Member States will be consulted regularly during the process of developing the plan to ensure that priority goals match the national agendas on AMR and HCAI.

A workshop with SC members will be organised to consolidate the recommendations included in the plan, and ob

## Work Package 5: Implementation of One Health national strategies and National Action Plans for AMR

Start month: 1

End month: 36

Work Package Leader: VWS

### WP Methodology

The methodology used in this WP is in line with WHO approach to move from exclusive self-evaluation to approaches that combine self-evaluation, peer review and voluntary external evaluations involving a combination of domestic and

independent experts and the WHO framework for the monitoring and evaluation of the implementation of the Global Action Plan on AMR, based on the tripartite self-assessment and the performance of the Joint External Evaluation.

All activities described in this WP are based on the implementation of the One Health approach. The representatives of the WP5 participating countries are responsible for the engagement of the relevant sectors, including the formation of team of policy makers and experts from both the human and veterinary domain and the other relevant areas (e.g. agriculture, environment) within the country. Workshops, electronic and physical meetings, tele/videoconferences, (self)-assessments, reports, literature/review, presentations at the One Health Network, etc.

Task descriptions

Task 5.1: Mapping and self-assessment of National Action Plans and strategies

Leader: VWS (NL) Contributors: all WP5 participating countries / Start date: M1

End date: M12

Task description:

In order to support MSs in the development of national strategies and NAP on AMR, the WP5 participating countries will:

- Map existing NAP and national strategies in the participating countries and in the rest of the EU, including, where relevant, the elements of the GAP on AMR and the Council Conclusions (One Health approach, overview of measurable goals, enforcement by competent authorities or national supervisory bodies, etc.).
- The mapping will be developed by the participant countries (at least one representative of each WP5 participating country) and will be based on publicly available information (e.g. internet site of ECDC, European Commission, Member State) and on direct information collected by the competent authorities in the MSs.
- Countries not participating in WP5 will be asked (through the collaborative partners or partners involved in other WP of this Joint Action) to voluntarily provide the same information about existing NAP and national strategies in their countries in order to be able to also map the situation in these Member States.
- This mapping will provide an overview of the situation in the Member States and a view of the areas of concern and will be used for the development of the self-assessment tool.
- Develop a tool for the self-assessment of national strategies and NAP, including the One Health approach. The tool will be developed on the basis of the WHO (tripartite) tool "Global Monitoring of Country Progress on AMR: country self-assessment questionnaire" (or similar tool developed/revised in the future by WHO), by extending it to the situation in the EU, adding the specific requirements of the Council Conclusions on the next steps under a One Health approach to combat antimicrobial resistance and the other requirements laid down in relevant EU legislation, recommendations, guidelines, etc. The self assessment tool will allow for the analysis of the strengths and weaknesses in the Member States.
- The tool will be developed by the WP5 participating countries (at least one representative of each country), with the assistance of collaborating stakeholders: EU agencies (ECDC, EMA, EFSA) and Directorate on Health and Food Audits and Analysis of the European Commission, WHO-EURO, WHO-HQ and OIE.
- For the development of the tool, several electronic working groups or tele/video conferences and also a physical meeting (workshop) will be organized. The tool will be presented to the participating countries. During the meeting participating



countries will receive the instructions for the capture of data in the tool.

- In preparation of the country-to-country assessment (Task 2 – see below), each of the participating countries will perform the self-assessment

## Work Package 6: Policies for prevention of Health-Care-Associated Infections and their implementation

Start month: 1

End month: 36

Work Package Leader: FoHM

### WP Methodology

Objective 6.I: top-down approach: Policies for preventing health-care associated infections through the implementation of agreed infection control programs and institutional behavior change

The specific goals are to:

1. Determine the necessary institutional structures and resources for the implementation of infection control programs and promote adequate hospital organization, management and structure for the prevention of HCAI.
2. Incorporate Infection control programs into clinical practice for the improvement of health professionals' compliance with infection control routine using the institutional behaviour change as a tool to accomplish it.
3. Develop the tools for increasing awareness and improving the training of health professionals to infection control and prevention.

Given the differences in the AMR context in European countries, the aim of the objective 6.1 is to fill the gap between policy and practice of infection control in healthcare facilities based on evidence based practices and the national experience of participating partners for elaborating a concrete, implementable and reasonable Infection Control Plan for the prevention of HCAs. The WP will contribute to improve the infection control capacity within health-care through institutional awareness using identified key components and specific interventions which will be adapted to the real needs, resources and priorities of the national health systems. The project will use the JA web-based platform for developing common protocols and sharing documents.

Objective 6.I will be divided into three main tasks which are a sequence of activities aimed at the development of a Universal Infection Control Framework (UICFW) for health professionals according to which roles, responsibilities and accountability will promote teamwork strengthening towards improved health professionals compliance and, consequently, patient safety. Ideally, the same partner-countries will be involved in all three tasks.

This methodology will follow four phases: plan, action, evaluation and improvement. The plan will be based on evidence-based practices and surveys, and action on the implementation of the infection control framework. Surveys will address all European Union member-states targeting to increase our knowledge regarding the current situation and the barriers that limit health system to restrict HCAs. The implementation of the Universal Infection Control Framework (UICF) will be performed in the selected hospitals of the participants aiming to estimate

the gap between policy and practice. Each country should take advantage of the results of the surveys and the UICF implementation for improving its capability to develop HCAIs prevention policies at local and national level. For that reason the active contribution of national representatives is crucial for the collection of reliable data, the dissemination of the results, the feedback of stakeholders and the sustainability of this venture.

Task 6.1.1. Determine the necessary institutional structures and resources for the implementation of infection control programs and promote adequate hospital organization, management and structure for the prevention of HCAIs, according to the EU Action Plan.

Leader: HCDCP; Contributors : GOG; NIPH; 7HRC; NCE; UNIFG; ISS; DGS; CCS; AEMPS; GENCAT; Illas Balears; DGPIFAC/SMS/FFIS; ISCII; FOHM / Start date: M1  
End date: M36

Task description: the aim of this task is the determination of the necessary institutional structure and resources for the implementation of efficient and feasible infection control programs in healthcare according to the standards and requirements of the EU Action Plan for AMR.

This objective will be achieved through the following activities:

6.1.1.1- Survey for the key components of an infection control program based on the ECDC guidance (survey A in the table above) and the requirements of the updated EU Action Plan for AMR regarding the hospital sector. The

## Work Package 7: Appropriate use of antimicrobials in human and animals

Start month: 1

End month: 36

Work Package Leader: FHI

Task 7.1: Identify and review existing guidelines, tools and importantly, implementation methods for antibiotic stewardship by level-of-care (hospital, long-term care facility and community setting) and in food and companion animals and to summarize available information on the ECDC website

Leader: FHI ; Contributors : HDir; AEMPS; DG de Planificaci3n, Evaluaci3n y Farmacia.- Consejer3a Salud Comunidad Aut3noma Illes Balears; NMI; UNIFG; VWS; SSI; UMPIH; RKI; GOG; ISS; ANSES; CIPH HZJZ; LSMULKK; NVSC / Start date:M2 End date:M11

Collaborating with: ECDC dept. for antimicrobial resistance and Healthcare Associated Infections and OIE. ECDC would be asked to host the information made available through this project on their website.

Task description:

- Review material from ECDC, EFSA and EMA and other actors such as OIE, FAO, WHO, GHSA, website, other initiatives such as the ARNA project, the OECD report, the STRAMA network, and published literature
- Questionnaire to member states on current, past and proposed activities including receiving copies of tools and guidelines with weight given to the level of

implementation of antibiotic stewardship plans, reason for choice of tool/guideline and implementation plan, “partners” in charge of work, success stories and the barriers that have hindered implementation of this work. This will expand on work already conducted by the OECD

The aim will be to update and expand the information available on the ECDC website to include information on existing guidelines, implementation methodology and work at different levels of the healthcare system. This will include strategies aimed at different settings and the existence of national or local indicators (including structural, process and outcome indicators of quality).

Task 7.2. Workshop involving all the registered partners to discuss models of implementation

Leader: FHI ; Contributors : Hdir; AEMPS; GOG; NMI; NIJZ; VWS; SSI; UMPIH; RKI; GOG; ISS; ANSES; LSMULKK; NVSC / Start date: M11 End Date: M12, EFSA Collaborating with: ECDC dept. for antimicrobial resistance and Healthcare Associated Infections: TBC

Task description:

- Identify experts and organize expert group meetings (virtual and at least one face-to-face) to evaluate findings from task 7.1, identifying key tools and implementation mechanisms (expert group around 10 people) in both the human and animal sectors.
- Organize workshop to share experiences between countries and comment on expert group’s findings, with a focus on barriers for implementation. – Interest from Austria to help organize meeting (workshop about 40-60 people at end of year 1)
- Discuss suitability to different settings (cultural, epidemiological and financial)

Task 7.3 Qualitative evaluation of the level of implementation and acceptance of antibiotic stewardship at different levels of healthcare and in animals, in different country settings. This will focus on identifying and establishing success factors and barriers.

Leader: FHI; Contributors : HDir; SAS; FFIS; GENCAT; SERMAS; Illes Balears; NMI; FOHM; UNIFG; NPIH; SSI; UMPIH; RKI; GOG; ISS; ANSES; LSMULKK; NVSC / Start date: M2 End date: M36

Task description:

- Follow-up questionnaire to active partners, which will be further disseminated in each member state or region. This will include structured questions and oral interviews. The aim of this activity will be to collate information about attitudes to stewardship methodologies and campaigns in order to determine both factors for success and barriers to acceptance.
- Evaluation and publication of recommendations on core components needed for implementation that can be used by member states when planning their own programs based on the information from tasks 7.1, 7.2 and 7.4.
- We will deliver a report on which indicators of antibiotic use and resistance are available in each country in human (for each level of care) and animals and, including for animal husbandry (as an indica

## Work Package 8: Awareness raising and Communication

Start month: 1

End month: 36

Work Package Leader: AEMPS

### WP Methodology

The following tasks have been designed and planned in order to promote the responsible use of antibiotics by highlighting the importance of appropriate prescribing and use as well as informing about the risks associated with overuse and misuse of these medicines. Thus, this WP is intended to change minds and behaviors regarding antibiotics use and the threat of increasing AMR and HCAI.

WP8 strategy will be designed and carried out by a team that will consist of health communication specialists with relevant professional experience within this field. Communication between the Communication Officer in charge of WP8 and each country's contact person will be carried out via email on a monthly basis or more frequently if it is needed or via TLC depending on the project's dynamics. These active partners will maintain dialogue with its country's contact person for informing about relevant events, news, and other material related to awareness and communication.

### Task descriptions

Task 8.1: Data Collection to define best practices in Awareness and Communication Plans

Leader: AEMPS; Contributors: TA and all WP8 participating partners / Start date: M1 End date: M12

8.1.1.

- Data collection on previous strategies, activities and materials targeting professionals in the fields of public health, animal health and the environment (one health approach), the general public and other specific population groups such as youth, medical students, caretakers or elderly. The objective is to collect and analyze all these materials to avoid efforts duplication, share good practices and offer ideas to MSs for building further new awareness and communication plans.
- The analysis of the mentioned materials will help to implement new awareness and communication plans to reach the following objectives:
  - o Increase awareness on the importance and consequences of the inappropriate use of antibiotics in human and animal sector.
  - o Optimize Compliance with treatment regimens of prescribed antibiotics.
  - o Avoid the use of antibiotics when they are not indicated.
  - o Avoid the storage and consumption of leftover antibiotics (self-medication).
  - o Strengthen the position of professionals in public and animal health, to make them feel less pressured to prescribe and dispense antibiotics.
  - o Encourage Health professionals to undertake Continuing Professional Development activities (i.e e-learning, webinars, live educational events)
- Selection of some efficient and innovative communication strategies and activities that have been performed in previous years, regardless their relation to antibiotic use. Search for some relevant and successful cases to take advantage of them.

- Analyze and evaluate previous awareness and communication materials and/or strategies.
- Prepare a report about Communication Good Practices as a guide or reference tool when designing new strategies.

#### 8.1.2.

Analyze the use of the theme “antibiotic” in social networks and Internet. A pilot study will be conducted to analyze how the theme “antibiotic” is approached by the society in the social networks. Different periods of time in each year will be targeted to identify the key themes arising in relation to antibiotics (ie. April, October and January). A web-based tool will be used to detect daily occurrences of the word 'antibiotic' and other related terms during the chosen time period in Tweets. How the society dialogue about antibiotics as well as activity peaks (message frequency over three times that of baseline) will be analyzed to identify key issues and events that need to be considered in future awareness and communication campaigns. In that way, findings could determine the best period for launching campaigns in addition to negative attitudes or perceptions that should be considered to better address overuse and misuse. For the data collection, staff members will retrospectively analyze the selected periods.

#### 8.1.3.

Identify some efficient and inn

## Work Package 9: Prioritizing and implementing research and innovation for public health needs

Start month: 1

End month: 36

Work Package Leader: INSERM

Task 9.1: Work with Member States to ensure that national processes for research and innovation priority-setting are grounded in a broad One Health approach and that both Member State research priorities and knowledge gaps are addressed in the development of the update of the JPIAMR SRA.

Leader: INSERM Main contributors: FHI, SRC ; Other contributors: 7HRC; ISS; VWS; NVI; NIJZ; Balearic Isles, SERMAS / Start date: M1 End date: M36

Task description:

The aim of this task is to contribute to a strengthened process for European-wide and internationally acknowledged agreement on research and innovation priorities to meet the public health goals related to AMR and HCAI in a broad One Health approach.

The European Union Member States in 2016 through the Council Conclusions, particularly §22.8, expressed their will to align strategic research agendas of existing EU R&D initiatives on new antibiotics, alternatives and diagnostic, and set priorities based on societal needs in the field of public health, animal health and the environment, taking into account gaps analysis in this domain.

Significant efforts led by JPIAMR in collaboration with the EU and IMI have already been established in regards to AMR research and innovation priority-setting. Its Strategic Research Agenda (SRA) outlines key, neglected areas to tackle, which

guides JPIAMR and others to shape cohesive and coordinated AMR funding and research actions to maximise on resources and reduce duplication of research. The SRA is scheduled to be updated in 2017. About half of EU members, but also other countries, participate in JPIAMR.

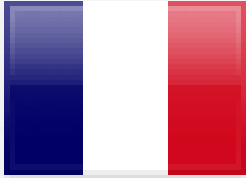
This process can be expanded upon by working directly with Member States in preparation of their participation in priority-setting activities with JPIAMR. Member States need to ensure that their national processes include: (1) a One Health focus including not only the Ministry of Health but also Ministries of Agriculture, Fisheries, and Environment; (2) ensure that the special needs of HCAI are also included; (3) ensure that an appropriate breadth of research fields is considered including social sciences; and (4) consider where research syntheses are needed in order to inform policies. Social sciences are an often forgotten aspect of research priorities but can have major impact on achieving stewardship and infection control goals. Member States should also ensure that their own national research agendas are in line and fill the identified gaps with the priorities set out by JPIAMR and other related initiatives like the international clinical trial networks. Member States not participating in JPIAMR should be encouraged to share their priority research and innovation topics with JPIAMR. Links to Horizon 2020 will also be evaluated. Member State priority-setting for AMR and HCAI research and innovation in line with public health needs

- Gather national approaches to participation and input into the SRA update to assess best practices and gaps (INSERM, FHI, SRC)
- Work with Member States to provide best practices and routines that can assist them with identifying national research and innovation priorities to be communicated into the SRA process (INSERM, FHI, SRC)
- Provide feedback to JPIAMR and potentially Horizon 2020 and others about perceived gaps and potential procedural improvements to SRA update process (INSERM, FHI, SRC in conjunction with WP4 Implementation)

Task 9.2: Explore and detail European strategies to implement mechanisms to foster antimicrobial innovation and other means to fight against AMR and HCAI  
Leader: FHI Main contributor: INSERM; Other contributors: SRC; 7HRC; ISS; VWS; NVI; NIJZ; Balearic Isles, SERMAS / Start date: M1 End date: M36

The aim of this task is to act upon recommendations for stimulating greater innovation (including medicines, vaccines, diagnostics, and medical devices – for both human and animal health) to combat AMR and HCAI. Innovation has been acknowledged to be dangerously lacking for

## COORDINATOR



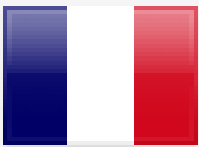
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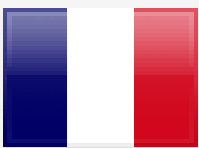
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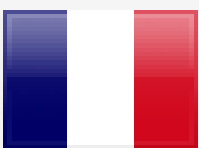
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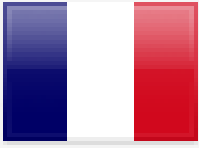


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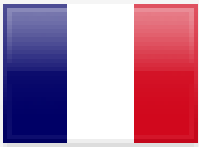
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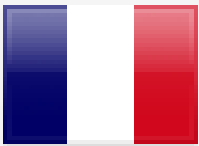


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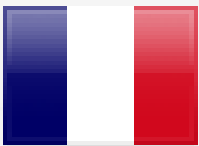
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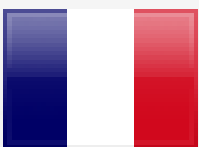
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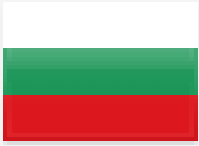
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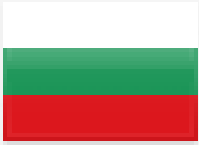
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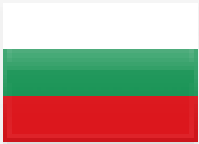


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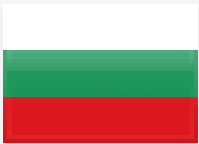
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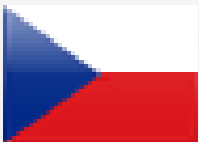
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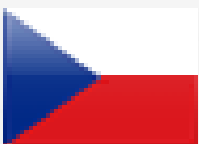
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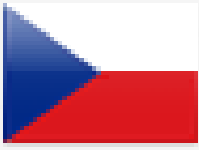
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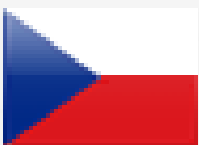
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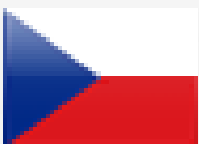
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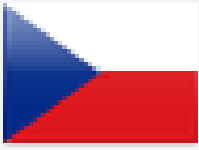
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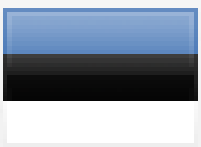
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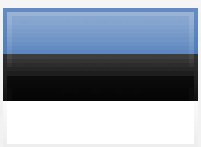
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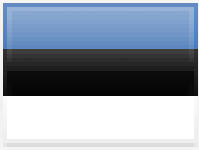
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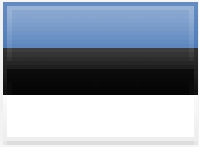
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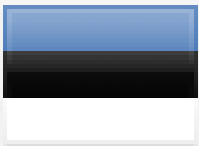
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City: 10617 Tallinn

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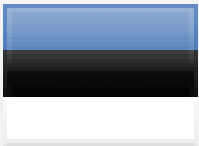
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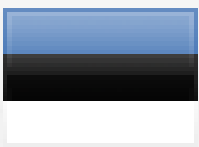
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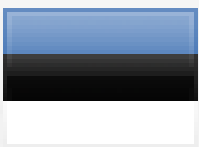
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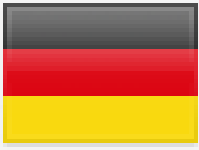
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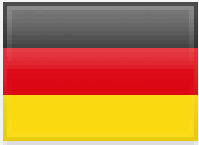
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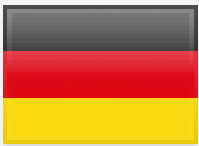
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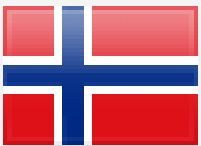
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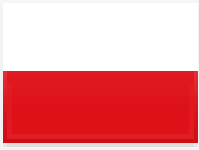
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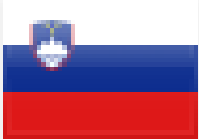
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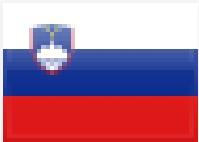
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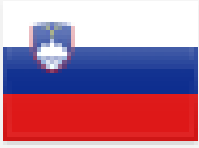
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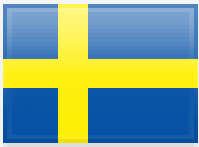
Country: Sweden

Website: <http://www.inserm.fr>



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Street: Jordbruksverket, Vallgatan 8  
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Country: Sweden  
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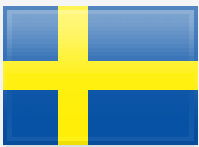
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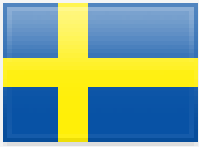
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VETENSKAPSRADET - SWEDISH RESEARCH COUNCIL

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City: 101 38 STOCKHOLM  
1035

Country: Sweden  
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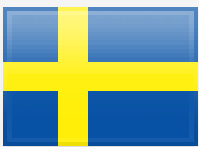
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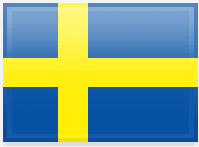
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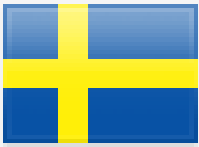
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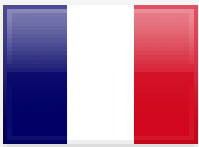
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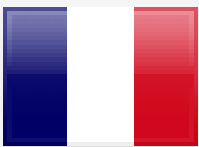
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602  
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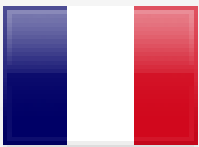
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ALIMENTATION DE L ENVIRONNEMENT ET DU TRAVAIL  
Street: 14 rue Pierre et Marie Curie  
City: 94701 Maisons Alfort  
Country: France  
Website: <http://www.inserm.fr>

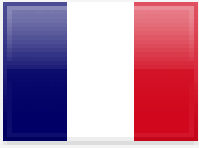


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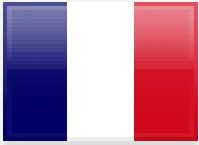
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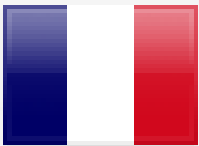
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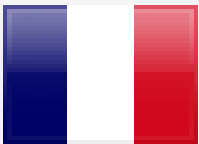
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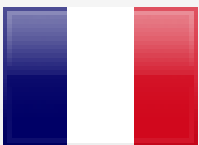
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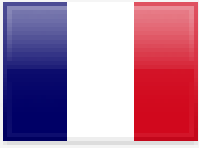
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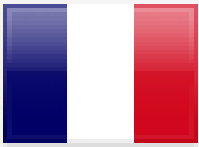
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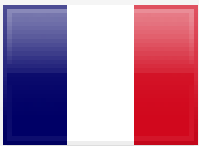


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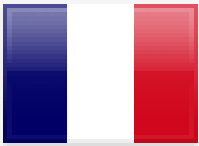
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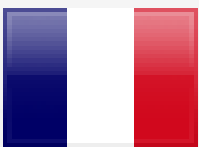
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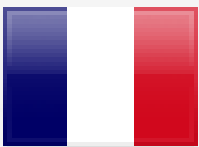
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Country: Greece  
Website: <http://www.inserm.fr>



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## Layman report

AEMPS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 10/09/2021

Layman report

## Assessment of the cost-benefit for the implementation of an infection control program

HCDCP

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Expected on: 31/08/2020

Report

## Final report

INSERM

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 11/08/2021

This report describes the project implementation and the results achieved. The deliverables are annexed.

## Progress monitoring and quality assessment of JA documentation and deliverables Y3

ISS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/06/2021

Reports on actions and initiatives to support teams responsible for the release of deliverables and documents. Interim and final evaluation reports based on the EP

## Report on stakeholders evaluation and on JA impact in Europe

ISS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 25/05/2021

Report on the evaluation of the actions and documents released by the different WPs by relevant stakeholders. Report on the impact of actions and documents on MS at national and subnational level

## Development of guidelines for incorporating evidence into policies

INSERM

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 19/05/2021

Development of guidelines for incorporating evidence into AMR- and HCAI-related national policies, guidelines, and other tools

## An Universal Infection Control framework with specific roles, priorities, resources and interventions for the implementation of an infection control plan in healthcare settings

HCDCP

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/05/2021

Report

## Recommendations for implementation of antibiotic stewardship in human and animal health

FHI

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/05/2021

Report

## Surveillance of antimicrobial use and resistance in human

SAS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/05/2021

Results of pilot study from indicators selected to monitor antibiotic use and resistance in humans

## Surveillance of antimicrobial resistance in bacteria from diseased animals

ANSES

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/05/2021

Design, roadmap and feasibility of an integrated surveillance network of antimicrobial resistance in bacteria from diseased animals in Europe

## Implementation strategy for EU collaboration

FHI

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/05/2021

A concrete strategy for implementing multi-country incentives in a European context to stimulate antimicrobial and diagnostic innovation and access; this strategy will be aligned with ongoing non-European efforts to implement incentives

## Final conference on dissemination

AEMPS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 10/03/2021

Conference event agenda and minutes

## Updated report on integration plan

MoH-FR

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 10/03/2021

Specific measures for prevention and control of AMR and HCAI to be integrated in national action plans

## Report on sustainability plan

MoH-FR

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/03/2021

Specific measures for prevention and control of AMR and HCAI to be sustained beyond the JA

## Awareness and Communication High Level Meeting

AEMPS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/03/2021

Report on road map for stakeholders with minutes and videos available

## Summary Country-to-country assessments

VWS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 21/01/2021

Performance of the country-to-country assessments

## Overview enforcement and recommendations to be presented to the One Health Network

VWS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 21/01/2021

Report about white spots, shortcomings in the implementation of national strategies and discuss possible solutions and recommendations and

preparation to present to the One Health Network.

## Report on integration plan

MoH-FR

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 25/11/2020

Specific measures for prevention and control of AMR and HCAI to be integrated in national action plans

## Publication of research priorities identified as gaps

INSERM

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 28/08/2020

Publication of research priorities identified as gaps from existing European research agendas as compared to priorities of JAMRAI's members

## Experience from non-EU country teams of introducing implementation model

FoHM

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 13/08/2020

Report

## Updated report on experience from country teams of introducing and working with the implementation model

FoHM

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 10/08/2020

Progress report

## Online game app for high school students

AEMPS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 10/08/2020

Report: APP launched and available at Google Play and Apple store

## Integration plan and sustainability Strategy

MoH-FR

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 20/07/2020

Report on the implementation plan for integration of key actions into national policies and strategy for sustainability of JA outputs

## European Prize: AMR Symbol

AEMPS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 27/11/2019

Report: list of competitors, agenda of the event, report of the prizes and winners, report of the applicants considered and a short brief of their applications.

## Progress monitoring and quality assessment of JA documentation and deliverables Y2

ISS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 20/11/2019

Reports on actions and initiatives to support teams responsible for the release of deliverables and documents. Interim and final evaluation reports based on the EP

## Interim reports

INSERM

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 11/11/2019

This report describes the activities carried out, milestones and results achieved in the first half of the project. Deliverables can be attached as annexes.

## Report on experience from country teams of introducing and working with the implementation model

FoHM

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 10/05/2019

Progress report

## Report on workshop of models for implementation of stewardship tools

FHI

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 18/03/2019

Report on antibiotic stewardship implementation models

## Validation of the evaluation tools

ISS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 05/11/2018

Report on the evaluation tools. All processes reported on a yearly basis.

## Progress monitoring and quality assessment of JA documentation and deliverables Y1

ISS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 05/11/2018

Reports on actions and initiatives to support teams responsible for the release of deliverables and documents. Interim and final evaluation reports based on the EP

## Revised guidelines for the implementation of infection control program in healthcare settings

HCDCP

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 05/11/2018

Report

## Website with evaluated tools and information

FHI

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 05/11/2018

Website hosted by ECDC organised by level of care

## Awareness and Communication Plan

AEMPS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 10/08/2018

Report

## Dissemination plan

AEMPS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 03/07/2018

Dissemination plan report

## Tool for country self-assessments

VWS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 09/03/2018

Availability of the tool for the country (self) assessment based on the WHO-tool and adapted to the EU situation (Council Conclusions) : summary of the questionnaire.



# Evaluation plan

ISS

European Joint Action on antimicrobial resistance and associated infections (EU-JAMRAI)

Published on: 14/02/2018

Release of the evaluation plan