



Food and Agriculture
Organization of the
United Nations



World Health
Organization

Global Monitoring of Country Progress on Antimicrobial Resistance (AMR): Country self-assessment questionnaire (version one)

Version 1.1, 28 September 2016

Introduction

The Global Action Plan on Antimicrobial Resistance (AMR)¹ was adopted in 2015 by all countries through decisions in the World Health Assembly, the FAO Governing Conference and the World Assembly of OIE Delegates. Countries agreed to have a national action plan on AMR that is consistent with the Global Action Plan, and to implement relevant policies and plans to prevent, control and monitor AMR.

Countries agreed to report back to the World Health Assembly in May 2017 and FAO and OIE also need information on progress with implementing the Global Action Plan. This questionnaire collects information on country progress on AMR for inclusion in the report to the World Health Assembly and for other organizations' global reporting. The country responses will also be used to guide follow up actions and provision of assistance and support. The intention is to repeat the global monitoring annually, to show progress over time and identify areas for action.

Guidance on the process for completing the questionnaire and other issues is available in the Guidance note (<http://www.who.int/antimicrobial-resistance/en/>). It is important to involve a multi-sectoral group in assessing national progress and provide consolidated responses agreed by all.

Each country is asked to submit one official response, validated by all involved sectors, which summarises national progress. The national response should be submitted using the online questionnaire. One access key will be sent through WHO to the Ministry of Health, to ensure only one version of the questionnaire per country. **For inclusion in global reporting, responses are requested by 15 January 2017.**

The questionnaire has 5 pages: page one asks for contact details and progress with multi-sectoral working on AMR and completing a multi-sectoral national action plan on AMR. The next four cover progress on four strategic objectives in the Global Action Plan on AMR. The questions include human and animal health aspects of AMR and in some cases also address crop production, food safety and environment.

Countries that have recently started to develop their response to AMR may not be able to respond to all the questions. In that case, please complete at least the first page of the questionnaire (questions 1 to 5.2), and any others that you can and then submit the response. If the response needs to be amended after submission, please contact whoamrsecretariat@who.int.

¹ WHO, 2015, <http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/>. The Global Action Plan was developed by WHO with the support of FAO and OIE.

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The questionnaire was developed jointly between WHO, FAO and OIE. WHO is coordinating this first round of global monitoring. If there are questions on the process or the questionnaire, please contact Pravarsha Prakash in WHO at whoamrsecretariat@who.int.

This is the first round of global AMR monitoring in this format and the questionnaire will be reviewed and revised if necessary. Please send any feedback on the questionnaire to whoamrsecretariat@who.int.

Name of country Date of completion

1. Name and email of AMR focal points for

- human health
- animal health
- crop production
- food sector
- environmental sectors
- Others:

2. Name(s) and contact details of person(s) who coordinated the national response to this self-assessment

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3. Name and email of AMR Focal point in WHO country office

Name and email of AMR Focal Point in FAO country or regional office

Name and email of OIE National Focal Point on veterinary products

4. Multi-sectoral approach to addressing AMR

Please select one rating that most closely matches the country situation.

4. Multi-sector and One Health working arrangements		
<input type="radio"/>	A	No formal multi-sectoral governance or coordination mechanism exists.
<input type="radio"/>	B	Multi-sectoral working group(s) or coordination committee on AMR established that includes representatives of human health, animal health, environment and other sectors, with Government leadership.
<input type="radio"/>	C	Multi-sectoral working group(s) is (are) functional, with clear terms of reference. regular meetings, funding for its activities and reporting/accountability arrangements defined.
<input type="radio"/>	D	Joint working on issues including agreement on common objectives, including restriction of use of critically important antimicrobials.
<input type="radio"/>	E	Integrated approaches implemented to monitor progress on the national AMR action plan and extent of AMR.

5. Country progress with development of a national action plan on antimicrobial resistance (AMR)

Please select one rating that most closely matches the country situation.

5.1 Country progress with development of a national action plan on AMR		
<input type="radio"/>	A	No national AMR action plan
<input type="radio"/>	B	National AMR action plan under development or plan involves only one sector or ministry.
<input type="radio"/>	C	National AMR action plan developed that addresses human health, animal health and other sectors.
<input type="radio"/>	D	Multi-sectoral AMR action plan approved that reflects Global Action Plan objectives, with an operational plan and monitoring arrangements.
<input type="radio"/>	E	Multi-sectoral AMR action plan has funding sources identified, is being implemented and has monitoring in place.

5.2 If you have published your national action plan, please insert a link here.

6. Country progress on strategic objective 1: Improve awareness and understanding of AMR through effective communication, education and training.

Please select one rating for each question that most closely matches the country situation.

6.1 Raising awareness and understanding of AMR risks and response in human health		
<input type="radio"/>	A	No significant awareness-raising activities on antibiotic resistance.
<input type="radio"/>	B	Some activities in parts of the country to raise awareness about antibiotic resistance and actions to address it,
<input type="radio"/>	C	Nationwide antibiotic awareness campaign targeting the general public, with government involvement.
<input type="radio"/>	D	Nationwide, government-supported antibiotic awareness campaign targeting specific groups (e.g. doctors, pharmacists, nurses, drug sellers).
<input type="radio"/>	E	Focused, national scale activities to change behaviour in target groups in human health, both public and private sectors. Monitoring of awareness and behaviour change in last 5 years.

6.2 Raising Awareness and understanding of AMR risks and response in animal health and food production		
<input type="radio"/>	A	No significant awareness-raising activities on risks of antibiotic resistance for animal health and risks of transmission of resistant pathogens through the food chain
<input type="radio"/>	B	Some activities in parts of the country to raise awareness about antimicrobial resistance and actions to address it.
<input type="radio"/>	C	Nationwide, antimicrobial awareness campaign targeting food producers and farmers, with government involvement.
<input type="radio"/>	D	Nationwide, government-supported antimicrobial awareness campaign targeting specific groups (e.g. veterinarians, veterinary para-professionals, farmers, pharmaceutical agents,).
<input type="radio"/>	E	Focused, national scale activities to change behaviour in target groups in animal health, animal husbandry and in the food chain, in both public and private sectors. Monitoring of awareness and behaviour change in last 5 years.

6.3 Training and professional education on AMR in the human health sector		
<input type="radio"/>	A	No training for health workers on AMR.
<input type="radio"/>	B	Ad hoc training courses in some health related disciplines.
<input type="radio"/>	C	AMR is covered in some pre-service training and/or some special courses for health workers.
<input type="radio"/>	D	Continuing professional development (CPD) opportunities are available nationwide for health workers on AMR and implications for antimicrobial use & infection prevention.
<input type="radio"/>	E	AMR is systematically incorporated in pre-service training curricula for all relevant health cadres. Regular CPD on AMR reaches relevant groups for human health nationwide, in public and private sectors.

6.4 Training and professional education on AMR in the veterinary sector		
<input type="radio"/>	A	No training of veterinary workforce on AMR.
<input type="radio"/>	B	Ad hoc training courses on AMR available.
<input type="radio"/>	C	Regular participation in training opportunities on AMR.
<input type="radio"/>	D	Training opportunities are available nationwide for public and private sector veterinarians, veterinary para-professionals and animal health workforce on mechanisms leading to AMR, regulations and best practices for antimicrobial use.
<input type="radio"/>	E	AMR incorporated in core veterinary education and CPD for veterinarians, veterinary para-professionals and others involved in animal health and agriculture.

6.5 Progress with strengthening veterinary services		
<input type="radio"/>	A	No systematic approach at national level to strengthening Veterinary Services.
<input type="radio"/>	B	Veterinary services assessed and plans developed to improve capacity, through a structured approach such as OIE Performance of Veterinary Services (PVS) Evaluation and PVS Gap Analysis missions.
<input type="radio"/>	C	Implementation of plan to strengthen capacity gaps in Veterinary Services underway
<input type="radio"/>	D	Monitoring of Veterinary Services performance carried out regularly, e.g. through PVS Evaluation Follow Up missions.
<input type="radio"/>	E	Documented evidence of strong capacity in compliance with OIE standards on the quality of Veterinary Services

7. Country progress on strategic objective 2: Strengthen the knowledge and evidence base through surveillance and research.

Please select one rating for each question that most closely matches the country situation.

7.1 National monitoring system for consumption and rational use of antimicrobials in human health		
<input type="radio"/>	A	No national plan or system for monitoring use of antimicrobials.
<input type="radio"/>	B	System designed for surveillance of antimicrobial use, that includes monitoring national level sales or consumption of antibiotics and rational use of antibiotics in health services.
<input type="radio"/>	C	Total sales of antimicrobials are monitored at national level and/or some monitoring of antibiotic use at sub-national level.
<input type="radio"/>	D	Prescribing practices and antibiotic use are monitored in a national sample of healthcare settings.
<input type="radio"/>	E	On a regular basis (every year/two years) data is collected and reported on: a) antimicrobial sales or consumption at national level for human use b) antibiotic prescribing and appropriate use, in a representative sample of health facilities, public and private.

7.2 National monitoring system for antimicrobial use in animals and crop production		
<input type="radio"/>	A	No national plan or system for monitoring use of antimicrobials in animal or crop production.
<input type="radio"/>	B	Plan agreed for monitoring quantities of antimicrobials used in animals, based on OIE standards.
<input type="radio"/>	C	Implementation of plans to monitor sales, consumption and type of use (therapeutic or growth promotion).
<input type="radio"/>	D	Data collected and reported on national sales or consumption of antimicrobials for animal production.
<input type="radio"/>	E	On a regular basis, data is collected and reported on: a) Antimicrobial sales or consumption at national level for animal production by type of use (therapeutic or growth promotion). b) Appropriate use of antimicrobials, under veterinary supervision, in a sample of farms, for at least 2 animal species. c) Antimicrobial sales or consumption for crop production. d) Participation in OIE data collection on antimicrobials sold for/used in animals by species, antimicrobial class and type of use.

7.3 National surveillance system for antimicrobial resistance (AMR) in humans		
<input type="radio"/>	A	No capacity for generating data and reporting on antibiotic resistance (antibiotic susceptibility testing and accompanying clinical and epidemiological data collection).
<input type="radio"/>	B	AMR data is collated locally for common bacteria, but may not use a standardized approach and lacks national coordination and/or quality management.
<input type="radio"/>	C	National AMR surveillance activities are in place for common bacterial pathogens that link patient information with susceptibility testing, with a national reference laboratory that participates in external quality assurance.
<input type="radio"/>	D	There is a functioning national AMR surveillance system covering antibiotics in hospitals and outpatient clinics, with external quality assurance, and a national coordinating centre producing reports on resistance levels.
<input type="radio"/>	E	The national AMR surveillance system integrates surveillance of AMR in human and animal health and agriculture, and generates regular reports. The national surveillance system contributes data on AMR to the Global AMR Surveillance System (GLASS).

7.4 National surveillance system for antimicrobial resistance (AMR) in animals and foods		
<input type="radio"/>	A	No national plan or system for monitoring AMR in animals, food and agricultural production.
<input type="radio"/>	B	AMR data is collected locally but may not use a standardised approach and lacks national coordination and/or quality assurance. Priority pathogens have been identified for surveillance.
<input type="radio"/>	C	Studies available on levels of resistance in at least 2 pathogens relevant for animals.
<input type="radio"/>	D	National system of surveillance of AMR established for relevant animal pathogens which follows quality assurance processes in line with intergovernmental standards. Laboratories that report for AMR surveillance follow quality assurance processes.
<input type="radio"/>	E	Data collected and reported on a regular basis on AMR in relevant pathogens for animals and in food.

8. Country progress on strategic objective 3: Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures.

Please select one rating for each question that most closely matches the country situation.

8.1 Infection Prevention and Control (IPC) in human health care		
<input type="radio"/>	A	No national IPC policy or plan is available
<input type="radio"/>	B	A national IPC policy or operational plan is available, with standard operating procedures (SOPs), guidelines and protocols available to all hospitals.
<input type="radio"/>	C	National IPC SOPs, guidelines and protocols are implemented in selected health-care facilities.
<input type="radio"/>	D	Several infection control measures in IPC plans are implemented nationwide and monitored.
<input type="radio"/>	E	All relevant infection control measures are implemented in all targeted health facilities. Compliance and effectiveness regularly evaluated and published.

8.2 Good animal health and management practices and good hygiene to prevent infections in order to reduce the use of antimicrobials in animals and AMR transmission in food production		
<input type="radio"/>	A	No systematic efforts to improve infection prevention in the animal and food production sectors related to reducing use of antimicrobials.
<input type="radio"/>	B	Plan agreed to promote farm hygiene, increase vaccination, biosecurity and appropriate handling of sick animals to prevent transmission of resistant bacteria to other animals and humans.
<input type="radio"/>	C	Implementation of plan for infection prevention in food producing animals for some species, types of farms or geographical areas based on intergovernmental standards. Practical guidance developed and disseminated.
<input type="radio"/>	D	Nationwide implementation of plan for infection prevention in animals in public and private sectors and in collaboration with veterinarians.
<input type="radio"/>	E	Monitoring of progress on infection prevention relevant to reducing use of antimicrobials in animals, veterinary practices and food chains, with updating of plans and guidance in response to findings.

8.3 Coverage with critical measures to reduce infection

Please provide latest coverage figures for the following measures to reduce the incidence of infection in the community and in health facilities

Estimated national coverage with critical measures to reduce infection	Latest coverage in %	Year
Immunisation coverage rate with pneumococcus vaccine		
Immunisation coverage rate with Haemophilus influenzae type b (Hib) vaccine		
Proportion of health care facilities with basic water supply facilities		
Proportion of health care facilities with basic hand hygiene facilities		

9. Country progress on strategic objective 4: Optimize the use of antimicrobial medicines in human and animal health.

Please select one rating for each question that most closely matches the country situation.

9.1 Antimicrobial Stewardship & regulation in human health		
<input type="radio"/>	A	No/weak national policy & regulations for antimicrobial stewardship
<input type="radio"/>	B	National policy and regulations for antimicrobial stewardship developed & approved, that address use, availability and quality of antibiotics in the community and in health care settings.
<input type="radio"/>	C	National antimicrobial stewardship program is being implemented in some healthcare facilities.

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		Planned legal/regulatory changes are being introduced to regulate access to antibiotics for human use.
O	D	Antimicrobial stewardship program is implemented in health care facilities nationwide. Legal/regulatory changes approved and publicised to regulate sales and products for human use, but not fully enforced. Antibiotic quality testing program operational.
O	E	Antimicrobial stewardship program is implemented in most health care facilities and in community. Regulations are enforced on access to antibiotics and use in human health. Monitoring and surveillance results are used to inform action and to update treatment guidelines and essential medicines lists.

9.2 Antimicrobial stewardship & regulation in animal and crop production

O	A	No national policy or legislation regarding the quality and efficacy of antimicrobials and their use in animals, and crops.
O	B	National policy for antimicrobial stewardship and governance developed, that addresses appropriate use, availability and quality of antimicrobials for animal use.
O	C	Legislation and regulations approved on import, marketing authorisation, production, distribution and prudent use of high-quality veterinary medicinal products including antimicrobials, based on international standards.
O	D	Implementation of legislation and regulations on responsible and prudent use of antimicrobials in animals and ensuring safe food supplies. Prescriptions are required for antimicrobial use in animals. Use of antimicrobials for animal growth promotion has been phased out.
O	E	Antimicrobials given to animals are only used to control or treat infectious diseases, under veterinary supervision. Regulations are enforced on access to antimicrobials and their use in animals, crop production, and to otherwise prevent food contamination with antimicrobial residues in compliance with Codex Alimentarius standards.

9.3 Legislation and/or regulations to prevent contamination of the environment with antimicrobials

O	A	No legislation regarding control of wastewater discharges to the environment.
O	B	Legislation and/or regulations are in place to control wastewater discharges from sewage to the environment.
O	C	Legislation and/or regulations include discharge of wastewater from health facilities, manure from animals, and industrial effluent to the environment. There is a regulatory compliance system for wastewater discharges to the environment for some types of waste (sewage, health facilities, agriculture, manure and/or industrial effluent).
O	D	There is a functioning regulatory compliance system nationwide for all types of waste/wastewater (sewage, health facilities, agriculture, manure and industrial effluent) to the environment.
O	E	Regulations are in place that limit discharge of antimicrobial residues into the environment, including in municipal and pharmaceutical industry waste and wastewater. A regulatory compliance system is functioning that includes compliance with regulations on antimicrobial residues.