



Food and Agriculture Organization
of the United Nations



World Health
Organization

Global monitoring of country progress on addressing antimicrobial resistance (AMR)

Guidance note to accompany the global monitoring questionnaire on AMR (version three)

16 October 2018

Introduction

Background to the Global Monitoring on AMR

The Global Action Plan on Antimicrobial Resistance (AMR)¹ was adopted in 2015 by all countries through decisions in the World Health Assembly, the Food and Agriculture Organization of the United Nations (FAO) Governing Conference Governing Conference and the World Organisation for Animal Health (OIE)². It was further endorsed by heads of states during the United Nations General Assembly meeting in September 2016³.

The tripartite (WHO, FAO and OIE) has developed a draft approach for monitoring and evaluation of the AMR Global Action Plan⁴. The global monitoring questionnaire described in this guidance note is a component of the draft approach and specifically addresses monitoring the implementation of AMR national action plans. Two rounds of country progress monitoring using the questionnaire have taken place (2017 and 2018), and the questionnaires used and results are available at <http://www.who.int/antimicrobial-resistance/global-action-plan/database/en>.

Purpose of this Global Monitoring

The purpose of this monitoring exercise is to review and summarise country progress in implementing key actions to address AMR, for reporting annually at global level. It is also intended to encourage national-level review of country progress and help identify priorities for next steps. The country responses will also be used to guide follow-up actions and identify areas where assistance and support is required.

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 the Food and Agriculture Organization (FAO) and World Organisation for Animal Health (OIE).

² See World Health Assembly resolution WHA68.7, May 2015; Resolution 4/2015 of the FAO Conference, June 2015 <http://www.fao.org/3/a-mo153e.pdf>; and Resolution 26 of the OIE World Assembly of Delegates, May 2015 http://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/AMR/A_RESO_AMR_2015.pdf

³ See Endorsed Political Declaration from High Level Meeting on AMR, 21 September 2016 at http://www.un.org/pga/71/wp-content/uploads/sites/40/2016/09/DGACM_GAEAD_ESCAB-AMR-Draft-Political-Declaration-1616108E.pdf

⁴ This approach went to public consultation from mid-August to end-September 2017. Consultation feedback has been reviewed and the approach refined accordingly. Amendments have been made to this version of the questionnaire to align with the M&E approach paper and global indicators.

This is the third year of this approach to monitoring. The questionnaire for the third round of monitoring has been modified based on feedback from countries and additional questions have been added to collect information on indicators as part of the Tripartite Global Monitoring Framework for AMR.

Questionnaire approach

The questionnaire is designed to be completed through self-assessment at country level. Countries are asked to identify their progress under each topic in the questionnaire, across relevant sectors. This will help to provide a picture of the stage the country has reached in building an effective and sustainable multi-sectoral response to AMR, as a basis for global reporting. It may also stimulate discussion at country level on how to increase progress. The questionnaire has been designed to reflect the variations in stage of implementation across the spectrum of countries responding; it is accepted that some countries may not yet be able to respond to certain questions. This is reflected in the guidance which indicates which questions are compulsory and which questions countries are encouraged to complete.

Questions & Answers

1. What is the structure of the monitoring questionnaire?

The questionnaire closely reflects the Global Action Plan on AMR. Following a brief introduction, it starts by identifying focal points across sectors relevant to AMR and then asks about multi-sectoral working on AMR within the country (question 4) and on country progress with developing a national AMR action plan as well as country coordination with other action plans, strategies or targets related to several important human diseases (question 5). Specific questions on country policies and regulations are also included here. The subsequent questions address four of the strategic objectives of the Global Action Plan that focus on and require country level action, which are:

- Objective 1. Improve awareness and understanding of AMR through effective communication, education and training. *This objective is addressed in questions 6.1- 6.5.*
- Objective 2. Strengthen the knowledge and evidence base through surveillance and research (*see questions 7.1-7.7*).
- Objective 3. Reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures (*see questions 8.1-8.3*).
- Objective 4. Optimize the use of antimicrobial medicines in human and animal health (*see questions 9.1- 9.23*).

Note that objective 5 of the Global Action Plan, which focuses on investing in development of new tools and building an economic case for addressing AMR, is mainly focussed at global level, and therefore has not been included in this questionnaire.

2. AMR is a multi-sectoral issue, does the questionnaire address AMR across sectors?

Yes, the questionnaire has separate questions for human, animal and plant health for each objective in the Global Action Plan on AMR. The questions on animal health are intended to include terrestrial and aquatic animals. Some questions (6.1, 6.4, 7.5, and 8.2) also ask for separate responses for food production, food safety and environment. There is one question (10) on the environment, which asks about identification of areas where there is a high risk of environmental contamination, on legislation and regulations to prevent contamination of the environment with waste and whether there are specific regulations to limit discharge of antimicrobials.

The question headings have been colour coded to aid completion:

- Grey shading relates to multi-sectoral issues.
- Orange shading denotes questions on human health aspects of AMR.
- Blue shading denotes animal health.
- Green shading relates to plant health and environment.

Specific categories of sectors are included within certain sections the questionnaire. Following previous requests for clarity on how respondents should apply these categories, we include the following definitions for clarity:

- **Animal Health Sector:** in its simplest form, animal health is defined as the absence of disease. This sector includes systems or activities designed to optimise the physical and behavioural health and welfare of animals, including the prevention, treatment and control of diseases and conditions affecting

the individual animal and herd or flock. The recording of illness, injuries, mortalities and medical treatments is an essential part of effective animal health measures where appropriate.

- **Plant Health Sector:** In its simplest form, plant health is defined as the absence of disease. This sector includes phytosanitary systems or measures that focus on preventing, controlling and mitigating the introduction, spread and establishment of diseases or pests of plants.
- **Food Production Sector:** This sector includes all processes procedures and infrastructure that aim to optimise productivity and efficiency of animal and plant production systems, over and above those relevant to maintain Animal/ Plant health and include aspects such as selective breeding, nutrition, housing systems, and other husbandry techniques.
- **Food Safety Sector:** Aspects of food production and processing which relate to safeguarding public health, whether pre or post slaughter or harvest. Food encompasses any substance, whether processed, semi-processed or raw, which is intended for human consumption.

Exactly how these categories split across different policy remits of government departments will vary according to each countries internal structures; countries should judge from the above definitions how to align the categories to their internal structures, departments, policies and areas of responsibilities, and respond accordingly.

3. What is the recommended process for completing the AMR monitoring questionnaire?

Each country is asked to submit one official response, validated by all sectors involved, which summarises national progress. It is therefore important to involve a multi-sectoral group in assessing national progress and provide consolidated responses agreed by all. Discrepancies in responses provided to previous rounds of this questionnaire compared against data from other sources indicate that in some countries, responses may have been provided without the necessary engagement from relevant policy leads. This underscores the importance that countries coordinate internally to provide a comprehensive response.

It is recommended that the AMR monitoring process is managed by the national focal point(s) for AMR, calling together key players working on AMR, from across sectors, government, development partners, and civil society, to discuss how to rate progress within the country. Many countries have a **multi-sectoral working group on AMR** or a national AMR coordinating committee, and this would be the ideal forum for this discussion. It is expected that these meetings to decide the country responses will trigger further discussion on the priorities for moving forward and how to address any barriers that have arisen.

In the absence of national focal point(s) and/or a multi-sectoral national committee, it is suggested that relevant officials from ministries responsible for human and animal health work together to decide on the process for agreeing and submitting the national response.

4. How do we submit the national response to the questionnaire?

The questionnaire should be completed online with one questionnaire submitted from each country. In order to avoid multiple responses to the online questionnaire, WHO will send a unique electronic key to access the online questionnaire to one national focal point who leads on AMR. It is recommended that the questionnaire is printed out for discussion and agreement among the partners involved, and then submitted online using the electronic access key provided.

Once a country has submitted the final version of the completed questionnaire, data will be sent back to countries for verification prior to publication. Once published, country responses will be locked and cannot be further edited. Further progress can be captured in the questionnaire of subsequent years.

5. What is the rating scale used in most questions?

Most questions ask for a rating of national capacity and progress on a five-point scale (A to E), with some using a 4 point scale (A-D) when less variation is anticipated. This format is intended to be a simple way to summarise country progress, with results that can be collated at global level. As the monitoring will be repeated annually it will be possible to look at trends over time. This five step rating approach has been harmonised with the OIE Performance of Veterinary Services (PVS) assessment scale and the Joint external evaluation of the International Health Regulations (JEE).

The levels are intended to encompass both **progress** and **functionality** – whether policies and plans are in place and how far activities are being implemented. The response needs to select one rating for each question. Broadly the levels are defined as follows, with some variation relating to each topic:

A – no policies or plans in place and few or no activities underway.

B – activities have started in some places or for some target groups, and related policies or plans are in development.

C – some activities are underway at national level, and policies or plans have been developed.

D – functional implementation of policies and activities, at national scale.

E – all planned activities are being implemented and functioning at national scale. There is active monitoring and updating of plans.

The levels are intended to correspond to the capacity scale used in the questionnaire for monitoring and evaluating the IHR (where the levels are called: no capacity, limited, developed, demonstrated, and sustained capacity).

The response should be selected at the level that most closely reflects the country situation. Higher ratings are expected to have achieved the progress level covered in lower ratings (e.g. countries selecting “D” will have achieved progress listed in both “B” and “C” as well as “D”). Since some of these ratings are composite measures across sectors, there will be some judgement required. Where the country meets all aspects in the rating, then it selects that level. Where almost all aspects are met or are soon likely to be met fully, the partners can agree to apply the rating.

6. Is the country response meant to cover resistance to TB, HIV or malaria medicines as well as antibiotics?

Antimicrobials include a wide range of products including antibiotics, anti-fungals, and medicines for HIV, TB and malaria.

- **For the human health side, the responses should focus on antibiotics** and monitor efforts to minimise the spread of resistance to these critical medicines. This is because many countries are at an early stage of developing a sustainable response to antibiotic resistance. In contrast, many countries that are affected by HIV, TB and malaria have already made plans and some progress towards addressing resistance as part of those disease programmes. Question 5.2 asks specifically about the links between disease specific plans on AMR and the national AMR action plan.

For animal health the responses should cover the antimicrobial classes listed in the OIE List of antimicrobial agents⁵ of veterinary importance.

- **For plant health**, responses should focus on bactericides (antibiotics) and fungicides .

7. How should we respond if we lack the information to answer some questions?

The AMR focal point in a country may not be able to answer all the questions, across all sectors. Therefore, it is important to reach out to other sectors for the relevant responses. To this end, FAO and OIE will share a PDF version of the questionnaire to their focal points in the country, in parallel to the country-specific link to the questionnaire being sent by WHO to the focal point within Ministry of Health. The AMR focal point is to consolidate all responses across sectors and submit a single response. Responses will only be accepted via the online link provided. Where there is no information, leave the question unanswered unless otherwise specified as mandatory.

8. What is the deadline for submission?

Responses are requested by 15 February 2019.

9. How will the data be used?

The country responses will be made available online through the WHO [website](#), with open access, and links to FAO and OIE websites.

The data will be used for reporting at global and regional level. The responses will also be analysed by WHO, OIE, FAO and other partners to identify countries that may benefit from follow up, for example, with technical support, funding or advocacy.

10. Will this global monitoring continue in future?

The intention is to monitor country progress annually, in order to assess in which activity areas and in which countries progress is being made and where progress is less advanced, and take action to address this.

Other questions?

If there are questions on the process or the questionnaire, please contact Pravvarsha Prakash at WHO at whoamrsecretariat@who.int. She will coordinate with FAO and OIE as required.

⁵ http://www.oie.int/fileadmin/Home/eng/Our_scientific_expertise/docs/pdf/Eng_OIE_List_antimicrobials_May2015.pdf