

Tripartite AMR Country Self-Assessment Survey (TrACSS)

Guidance note to accompany TrACSS 2022 (6.0)



Food and Agriculture
Organization of the
United Nations



World Health
Organization



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Purpose of this document

This document is meant to accompany the sixth round (2022) of the Tripartite AMR Country Self-assessment survey (TrACSS) and provide guidance on how the TrACSS questionnaire is to be completed and submitted by countries.

What is the Tripartite AMR Country Self-assessment Survey (TrACSS)?

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 General Session of 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 Global AMR monitoring and evaluation framework of the AMR Global Action Plan⁴. The Tripartite AMR Country Self-assessment survey (TrACSS) described in this guidance note is a component of the global monitoring and evaluation framework and **specifically addresses monitoring the implementation of multisectoral AMR national action plans**.

What is the purpose of TrACSS?

The purpose of Tripartite AMR Country Self-assessment Survey (TrACSS) and this monitoring exercise is to review and summarise country progress in implementing key actions to address AMR at the national-level, and to report annually at the global level. **It is also intended to encourage national-level review of country progress through a multi-sectoral coordination group and help identify priorities for follow-up actions**. The country responses will also be used to identify areas where technical assistance and support is required from the Tripartite organizations and the United Nations Environment Programme (UNEP).

How is the TrACSS questionnaire developed?

The questionnaire has been developed jointly by the Tripartite working closely with regional offices and technical units responsible for the various areas relevant for addressing AMR. UNEP has also provided inputs for questions dealing with the risk assessment of the spread of resistant pathogens and antimicrobial residues in the environment and associated mitigation measures in this version of the survey; collaboration with UNEP will be further strengthened in the future.

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 <https://www.who.int/antimicrobial-resistance/global-action-plan/monitoring-evaluation/tripartite-framework/en/>

Is the questionnaire the same every year?

No. While efforts are made to keep the questions consistent to ensure that the questions are comparable so that we can track the results and progress over time, some questions have been modified for additional clarity, and some questions have been added to address the need for information on emerging issues. A few questions have been removed due to poor response rates.

Feedback from countries and the regional offices of the Tripartite Organizations was used to revise the previous versions of the questionnaire where necessary to ensure that the questions are clear, relevant and are not too burdensome for countries to respond.

How is TrACSS designed?

TrACSS is a multisectoral survey which seeks to track progress in national action plan implementation across all relevant sectors. It is designed to be completed through self-assessment at country level by relevant authorities and technical focal points from the different sectors in the national government. 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 address AMR, as a basis for global reporting. 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.

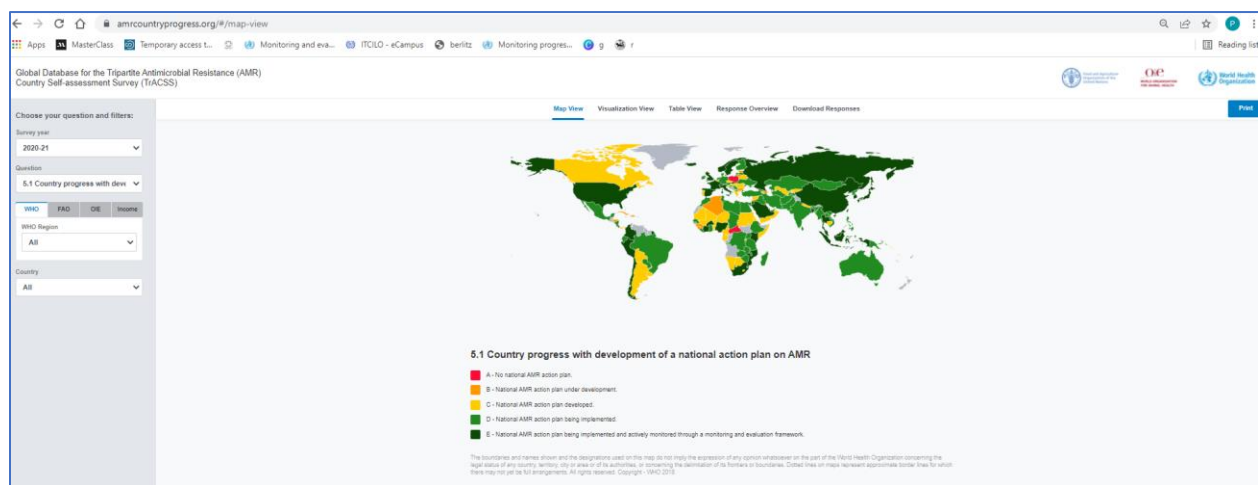
How many rounds of data collection have been completed?

Five rounds of the survey have been completed (2016-17; 2017-18; 2018-19; 2019-20; and 2020-21).

Where can I find data from the previous rounds?

The country responses are made available online through the open access global Tripartite database: <https://amrcountryprogress.org/>.

The database includes data from all five rounds of data collection which can be filtered by country, region or country income classification. Data is visualised through maps, graphs and tables.



How is the data used?

At the national level, countries are encouraged to use data from TrACSS for the purpose of tracking progress in the implementation of their national action plans on AMR, and developing comprehensive annual reports for senior decision-makers. TrACSS reporting can be incorporated into AMR national action plan monitoring frameworks under the responsibility of the multisector coordination mechanism in charge of AMR, as a way to encourage data sharing, data analysis and monitor progress across sectors. TrACSS data are also used as recommended indicators for the global AMR monitoring and evaluation framework⁵.

The data is also used for reporting at global and regional level. The responses will also be analysed by WHO, OIE, FAO, UNEP and other partners to identify countries that may benefit from follow up, for example, with technical support, funding or advocacy. Data from TrACSS have been published in two Tripartite analysis reports in [2018](#) and [2020](#). Data was also used to inform the “Follow-up to the political declaration of the high-level meeting of the General Assembly on antimicrobial resistance: [Report of the Secretary-General](#).” Data from TrACSS from all previous years will also be analysed and reported in the Tripartite global biennial report on AMR to be published in late-2022. Data from TrACSS has also been used by external partners, academic institutions, etc., to monitor and analyse progress or challenges in the various actions in the relevant sectors and highlight best practices in countries.

Will this global monitoring continue in future?

Yes, the intention is to monitor country progress annually, in order to assess in which strategic areas progress is being made, areas where progress is less advanced, and identify where action at the country, regional and global level is needed to address critical gaps.

Design and content of the TrACSS questionnaire

Is the structure of the TrACSS questionnaire related to the global action plan on AMR?

Yes. Questions focus on country capacities relevant to the first four objectives of the global action plan (GAP). While in previous versions, the questionnaire were sectioned by objective, this year, the structure of the questionnaire has been revised to facilitate easier collection of higher quality data from the various sectors. Each section deals with capacities across the GAP objectives across one sector such as human health, animal health, etc

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.

⁵ <https://www.who.int/publications/i/item/monitoring-and-evaluation-of-the-global-action-plan-on-antimicrobial-resistance>

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

Yes, the questionnaire covers human, animal and plant health, food production, food safety and environment sectors.

How can we differentiate questions by sector?

The questions are coded by colour and pictogram for each sector. The question headings include specific pictograms, and have also been colour coded for each sector 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 questions on **food and agriculture sectors**
- **Purple** shading relates to **environment**.

How are the different sectors defined?

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

- **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.
- **Environment:** The spread of antimicrobial chemical residues and resistant microorganisms can occur from exposure pathways through water, soil, and air. The risk of exposure to humans, plants and animals, and the regulations and policies that are in place to safeguard public health through improved water, sanitation and hygiene, and prevent contamination of the environment encompass this sector.

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 explanation how to align the categories to their internal structures, departments, policies and areas of responsibilities, and respond accordingly.

Are links to resources and guidance from FAO, OIE, WHO and UNEP across the different areas of implementation available?

As in the previous year, in this version of the questionnaire, a number of questions include specific links to specific tools or guidance developed by FAO, OIE, WHO or UNEP that can help build country capacity in addressing particular areas. These tools or links are also provided as footnotes linked to the relevant questions. Opportunities are also provided in many questions for uploading documents or to email relevant information to the staff administering the TrACSS.

What is the structure of the monitoring questionnaire?

There is a joint letter from the senior leadership of the Tripartite organizations and UNEP that calls for greater multisectoral engagement in the response to the survey.

A brief introduction then follows that provides a summary of the process of completing the questionnaire and the structure of the survey.

The questionnaire is then divided into 7 sections. The order is as follows:

I. Section I: contact information

Questions 1.1 to 1.3: Information on focal points across sectors relevant to AMR, AMR focal point in WHO and FAO country or regional office and OIE national focal point on veterinary products.

II. Section II: questions requiring a multisectoral response

Questions 2.1 to 2.13: Questions related to multi-sectoral working on AMR within the country, including sectors actively involved in the multisector coordination mechanism; national action development status; monitoring mechanisms; use of TrACSS data; COVID-19 impact; legislations on antimicrobial use; awareness raising; youth education; use of antimicrobial consumption/use and resistance data; and integrated surveillance systems for AMR.

III. Section III: questions relevant to human health

Questions 3.1-3.7: Questions on capacities and systems in place across the first four objectives of the global action plan relevant to human health

IV. Section IV: questions relevant to animal health

Questions 4.1-4.12: Questions on capacities and systems in place across the first four objectives of the global action plan relevant to animal health

V. Section V: questions relevant to food and agriculture

Questions 5.1-5.6: Questions on capacities and systems in place across the first four objectives of the global action plan relevant to food and agriculture

VI. Section VI: questions relevant to the environment

Questions 6.1-6.3: Questions on AMR spread in the environment – National assessment of risks for AMR spread in the environment and legislation/ regulations to prevent

infections through improved water, sanitation and hygiene and prevent contamination of the environment

VII. Section VII: validation questions

Questions on focal points responsible for completion of the questionnaire to ensure that relevant sectors were engaged.

Responding to the sixth round of TrACSS

What is the deadline for submission?

Responses are requested by 30 June 2022.

How to 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 the national AMR focal point.** It is recommended that the questionnaire is printed out for discussion and agreement among the partners involved, and then completed and submitted online using the electronic access key provided.

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. When responses have been provided without the necessary engagement from relevant policy leads for the various sectors, then the country's level of progress has been underestimated or overstated. This underscores the need for relevant sectors within the country coordinate internally to provide a comprehensive and accurate response.

It is recommended that the AMR monitoring process is managed by the national focal point(s) for AMR, calling together key officials 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. Such multisectoral coordination meetings can be an opportunity to 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, animal health, food and agriculture, and environment, water and sanitation work together to decide on the process for agreeing and submitting the national response. Soft copies of this questionnaire are also being shared with WHO, FAO and OIE focal points on veterinary products in the countries, with the request that they support and coordinate with the national AMR focal point to provide inputs.

Has the questionnaire changed from previous year. If so, how?

Yes. In addition to changes in the structure (*therefore please note changes in question numbers*), the content has also been revised this year. Analysing response rates to questions and taking into account feedback from countries, some questions in this questionnaire have been modified from the previous version.

Edits have been made to a few questions and additional questions have been added. Detailed account of the changes are below:

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
Section I Contact Information			
		This year, the animal health sector has been split into terrestrial animal health and aquatic animal health now defined separately across the entire questionnaire.	This change is to reflect the differences that may be observed across these aquatic and terrestrial animal health sectors as in many countries these do not fall under the same Ministries. This separation will allow a more accurate assessment of AMU and AMR monitoring and surveillance efforts and identification of capacity building needs.
Section II Questions which are multisector in nature			
2.1	4.1	<i>Multi-sector and One Health collaboration/coordination</i> Changes in levels B and C.	Wording has changed to align with the new IHR/JEE indicators.
2.2	4.2	<i>Which sectors are actively involved in the multisector coordination mechanism?</i> Change in question to now seek information on sector involvement in the multisector coordination mechanism rather than NAP implementation.	To be consistent with the previous question and highlight the importance of all relevant sector involvement in the multisector coordination mechanism.
2.3	5.1	<i>Country progress with development of a national action plan on AMR</i> Change in all levels. Previous levels A and B have been consolidated to one level A.	With majority of countries already having a NAP and moving into implementation phase, it was important now to redefine the levels to

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
		Levels B to E go into more details on NAP approval, monitoring, costing and financing.	capture more details on how the NAPs are being implemented.
2.3.a- 2.3.g	New question	<i>Monitoring of national action plans</i> Additional questions added this year. Questions seek to understand the monitoring mechanisms in place for NAP implementation. Questions on data and its disaggregation are also included.	As many countries are in the implementation phase of their NAPs, and some are revising their NAPs, it is essential that countries have a monitoring and evaluation framework and are tracking progress through specific indicators.
2.4.a- 2.4.b	New question	<i>TrACSS submission and data use</i> This is a new question and focusses on how countries respond to TrACSS and how the data is used (or not) and shared at the country level across sectors.	With only a few countries reporting having monitoring plans for their national action plans, TrACSS is a useful source of output indicator data. Use of previous TrACSS submissions trend data can be useful for countries for self-monitoring of the progress of NAP implementation. TrACSS data can also be used for developing annual country reports.
2.6	5.2	<i>Is your country's national planning on AMR integrated with other existing action plans or, strategies?</i> This question now looks at integration with broader strategies and plans, and not limited to plans relevant to the human health sector like in previous years.	Keeping with the Tripartite + UNEP nature of this questionnaire, the question has broadened to focus more on strategies and plans beyond just one sector. Sector specific data will be collected through other channels by the agencies separately if needed.

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
2.7	5.2.1	<p><i>How has COVID-19 pandemic and its national response, either positively or negatively, impacted the AMR National Action Plan implementation?</i></p> <p>This question was added last year and changes made this year are to capture information on how, the COVID-19 pandemic has both positively and negatively impacted AMR national action plan implementation.</p>	While many countries reported negative impacts last year, anecdotal evidence was collected that the ongoing pandemic in some cases helped the AMR agenda. Therefore additional choices were added this year to gain a more in-depth understanding of the impact of the pandemic.
2.8.1-2.8.6	5.4	<p><i>Country legislation on antimicrobial use</i></p> <p>Changes with split in sectors.</p>	Rationale for sector changes explained earlier.
2.9	6.1	<p><i>Raising awareness and understanding of AMR risks and response</i></p> <p>Changes have been made across all levels. A shift in language from activities to campaign.</p>	To clarify the meaning of the question, align with the Tripartite M&E framework indicator, and also to more clearly define the levels to make the progression more distinct.
2.10	New question	<p><i>Youth education and AMR</i></p> <p>This is a new question which looks at whether school-going children and youth (primary and secondary) receive education on antimicrobial resistance</p>	Targeting young children and youth (primary and secondary) to educate and raise awareness of AMR is a long term investment for addressing AMR which can be a very useful in ensuring that appropriate behaviours are shaped at a young age.
2.11	7.6 a	<p><i>Is the country using relevant antimicrobial consumption/use data to inform decision making and/or amend national strategy?</i></p> <p>Compared to previous year, this question has been split to capture use of</p>	The inability to disaggregate if countries used their antimicrobial resistance and consumption/use data or only one of the two to

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
		antimicrobial consumption/use data separate from AMR data.	inform decision making made the question in previous years harder to analyse. The split now allows for better clarity.
2.12	7.6 b	<i>Is the country using relevant antimicrobial resistance surveillance data to inform decision making and/or amend national strategy?</i> Same as above.	Same as above.
2.13	7.6.1 1	<i>Has the country established or starting the implementation of an Integrated Surveillance System for Antimicrobial Resistance?</i> This question has been simplified compared to last year and now removes antimicrobial consumption as being part of an integrated system.	Many countries are not at the capacity levels to integrate the resistance surveillance system and antimicrobial consumption systems. Also there was confusion if the question referred to integration across sectors or between resistance and consumption/use. Therefore this question has now been simplified and only asks which sectors are involved in the integrated surveillance system if it exists.
Section III Questions specific to the Human Health sector			
3.1	6.2	<i>Training and professional education on AMR in the human health sector</i> No change.	
3.2	7.1	<i>National monitoring system for consumption and rational use of antimicrobials in human health</i> No change.	

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
3.3	7.4	<p><i>National surveillance system for antimicrobial resistance (AMR) in humans</i></p> <p>No change.</p>	
3.4	7.4.1	<p><i>Assessment of capacities related to clinical bacteriology laboratory services (for patient management)</i></p> <p>This question has been significantly revised to assess capacities in countries related to clinical bacteriology laboratory services for patient management. It has been divided into 8 specific sub-questions: 1) Coverage of bacteriology lab services; 2) Capacity to perform AST for critically important bacteria; 3) Capacity to perform AST for critically important fungi; 4) Stock outs disrupting laboratory services in Reference labs; 5) stock-outs disrupting clinical bacteriology laboratory services; 6) Use of AST guidelines; 7) External quality assurance; 8) essential in-vitro diagnostics.</p>	<p>While previously the laboratory system questions were focussed on the laboratories supporting the AMR surveillance system, it was noted that the lack of information on the clinical bacteriology laboratory services for patient management in countries significantly impacts the AMR response measures. Lack of appropriate diagnosis impacts prescribing and optimal antimicrobial use, revision of treatment guidelines, IPC measures in healthcare facilities, emergence of resistant pathogens, and ultimately the mortality and morbidity association with AMR.</p> <p>The inclusion of detailed questions in TrACSS addresses a critical gap noticed in the GAP for AMR.</p> <p>No comprehensive survey on clinical bacteriology laboratory services are currently being administered by WHO to collect global information.</p>

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
3.5	8.1	<i>Infection Prevention and Control (IPC) in human health care</i> No change.	
3.6	9.1	<i>Optimizing antimicrobial use in human health</i> This question has changed across all levels.	The response categories have been edited to highlight the need for national guidelines for appropriate use and antimicrobial stewardship activities for community and healthcare settings. In addition a link is also made to the need for updating treatment guidelines and essential medicines lists.
3.7	9.1.1	<i>Adoption of “AWaRe” classification of antibiotics in the National Essential Medicines List</i> This question has changed across all levels.	The progression of levels have been clarified showing clearly the incremental steps required for progress towards adoption of the AWaRe classification.
Section IV Questions specific to the Animal Health sector			
4.1	6.3	<i>Training and professional education on AMR in the veterinary sector</i> No change.	
4.2		<i>Training and professional education on AMR in the aquatic animal health sector</i>	To assess the gaps and needs for aquatic animal health professionals which follow different career pathways than veterinarians (who are often trained on terrestrial animal health only).
4.3	6.5	<i>Progress with strengthening veterinary services</i>	

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
		No change.	
4.4		<p><i>Progress with strengthening aquatic animal health services</i></p> <p>This is a new question (split up of the former version addressing veterinary services) and focuses on the identification of the gaps of the aquatic animal health services</p>	To assess the gaps and needs in aquatic animal health services which are often independent from and/or placed under a different ministry than the veterinary services
4.5	7.2	<p><i>National monitoring system for antimicrobials intended to be used in animals (terrestrial and aquatic) (sales/use)</i></p> <p>Changes have been added to determine if aquatic animals are covered in the plan/system for monitoring sales/use of antimicrobials, and to determine if AMU data is submitted to the OIE Database on Antimicrobial Agents Intended for Use in Animals</p>	To assess if AMU data from each sub-sector is included in the plan/system for AMU data collection from aquatic and terrestrial animals. It is not uncommon that terrestrial and aquatic animals health (and consequently AMU data collection) will fall under different national competent authorities and ministries.
4.6	7.2.c	<p><i>OIE Reporting Options for the antimicrobial use database</i></p> <p>No change.</p>	
4.7	7.5.a	<p><i>National surveillance system for antimicrobial resistance (AMR) in live terrestrial animals</i></p> <p><i>Changed to just include live terrestrial animals in order to be able to assess if AMR surveillance in terrestrial animals is conducted by member countries and if so, what is the state of implementation of the surveillance program.</i></p>	The edit of the question was in order to be able to gain a better understanding of the progress of implementation (if any) of surveillance programs on AMR in terrestrial animals as before there was no distinction made between sub-sectors and surveillance activities for

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
			terrestrial and aquatic animals are likely to be conducted by different competent authorities under different ministries in some countries.
4.8		<p><i>National surveillance system for antimicrobial resistance (AMR) in live aquatic animals</i></p> <p><i>Added new question in order to be able to assess if AMR surveillance in aquatic animals is conducted by member countries and if so, what is the state of implementation of the surveillance program.</i></p>	This new question was added in order to be able to gain a better understanding of the progress of implementation (if any) of surveillance programs on AMR in aquatic animals as before there was no distinction made between sub-sectors and surveillance activities for terrestrial and aquatic animals are likely to be conducted by different competent authorities under different ministries in some countries.
4.9	8.2	<p><i>Biosecurity and good animal husbandry practices to reduce the use of antimicrobials and minimize development and transmission of AMR in terrestrial animal production</i></p> <p>Replacement of “good health management and hygiene practices” with “Biosecurity and good animal husbandry practices”. This edit was conducted to determine if biosecurity and good husbandry practices are used to reduce the use of antimicrobials in aquatic animal production</p>	This edit is to reflect use of terminology used by OIE and FAO. Biosecurity measures are deemed very important for preventing the introduction and spread of infectious diseases (and AMR) in animal populations. Husbandry practices are all the activities related to the breeding, rearing and caring of farm animals that may have an impact on the animal’s health and welfare, including

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
			exposure to infectious diseases and AMR.
4.10		<p><i>Biosecurity and good animal husbandry practices to reduce the use of antimicrobials and minimize development and transmission of AMR in aquatic animal production</i></p> <p>This is a new question (split up of the former version addressing both terrestrial and aquatic animals) to determine if biosecurity and good husbandry practices are used to reduce the use of antimicrobials in aquatic animal production</p>	<p>To know if aquaculture establishments have implemented biosecurity measures and good husbandry practices. These measures and practices are unique for the aquatic environment.</p> <p>This edit is to reflect use of terminology used by OIE and FAO. Biosecurity measures are deemed very important for preventing the introduction and spread of infectious diseases (and AMR) in animal populations. Husbandry practices are all the activities related to the breeding, rearing and caring of farm animals that may have an impact on the animal's health and welfare, including exposure to infectious diseases and AMR.</p>
4.11	9.2	<p><i>Optimizing antimicrobial use in terrestrial animal health</i></p> <p>No major changes. Now focused solely on optimization of AMU in Terrestrial animals as AMU in aquatic animals is now considered under a separate question.</p>	The significance of livestock production might be reflected in the presence of a national legislation for antimicrobial products used in terrestrial animal health.
4.12		<p><i>Optimizing antimicrobial use in aquatic animal health</i></p> <p>This is a new question (split up of the former version addressing both terrestrial</p>	The significance of aquaculture might be reflected in the presence of a national legislation for antimicrobial products

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
		and aquatic animals) to determine if there is legislation that covers antimicrobial products used in aquaculture	used in aquatic animal health.
Section V Questions specific to the food and agriculture sectors			
5.1	6.4	<i>Training and professional education on AMR provided to the agriculture (animal and plant), food production, food safety and the environment sectors</i> No change.	
5.2	7.3	<i>National monitoring system for antimicrobial- pesticide use in plant production including bactericides and fungicides</i>	The status of the national monitoring system for antimicrobial –pesticides might be indicated under three levels; no plan, plan under development, and implementing the developed plan. More information on the revision of existing plans, resources, gaps or highlights on the pesticides data; could be reflected in the comments area under the question.
5.3	7.2.c	<i>National surveillance system for antimicrobial resistance (AMR) in food (terrestrial and aquatic animal and plant origin)</i>	The status of the food surveillance system might be captured for food from both origins, terrestrial and aquatic.
5.4	7.7	<i>National AMR Laboratory network in animal health and food safety sectors</i> No change.	
5.5	8.3	<i>Good manufacturing and hygiene practices to reduce the development and transmission of AMR in food processing</i> No change.	

NEW Question number	Corresponding question number in the previous versions	Change in content	Rationale/Comments/key definitions
5.6	9.3	<i>Optimizing antimicrobial pesticide such as bactericides and fungicides use in plant production</i> No change	
Section VI Questions specific to the environment			
6	10	<i>National assessment of risks for AMR - of antimicrobial compound residues and AMR pathogens in the environment. Legislation and/or regulations and policies to prevent infections through improved WASH and prevent contamination of the environment</i> Additions and changes have been made to clarify.	The additions and changes included reflect current understanding of environmental exposure and transmission pathways.
Section VII Validation questions			
		<i>The contact information of those involved in the completion of the questionnaire have been moved to the end of the survey.</i>	The purpose is to ensure that relevant sectors and focal points have been engaged.

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. 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/ Joint External Evaluation (IHR/JEE).

The levels are also intended to correspond to the capacity scale used in the questionnaire for monitoring and evaluating the country capacity for implementing the IHR (where the levels are called: **A - no capacity, B - limited, C- developed, D - demonstrated, and E- sustained capacity**).

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 country 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.

If there is uncertainty on which level is accurate, which one should be selected?

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 likely to be met fully soon, the various sectors in the country can agree to apply the rating.

Ultimately, the various sectors responding to the survey should be able to justify their ratings for questions in their relevant sections based on discussions with the most appropriate technical staff, and the multisectoral coordination committee should be able to justify its ratings for the questions that require a multisectoral response.

How to respond if information to answer some questions is lacking ?

Where there is no information, please leave the question unanswered unless otherwise specified as mandatory.

The AMR focal points in a country may not be able to answer all the questions, across all sectors. Therefore, it is important to reach out to other technical staff and sectors for the relevant responses. To this end, FAO and OIE will share a soft copy 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 national AMR focal point within Ministry of Health. The AMR national focal point is to consolidate all responses across sectors and submit a single response. Responses will only be accepted via the online link provided.

Can country responses be changed or corrected after submission?

Yes. Once a country has submitted the final version of the completed questionnaire, all the data will be sent back to countries for verification prior to publication. If a submission was made before completion by mistake or any other changes are to be made, please contact the WHO Secretariat at tracss@who.int.

But note that once published, country responses will be locked and cannot be further edited. Further progress can be captured in the questionnaire of subsequent years.

Other questions?

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