

# #25

**COMPLETE**

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## Page 2: IDENTIFICATION OF RESPONDENT

**Q1 /**

First name	<b>Annabel</b>
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Country	<b>European</b>
Organisation	<b>Standing Committee of European Doctors (CPME)</b>
Category	<b>Professional Organisation</b>

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## Page 3: PRIORITY SETTING

## Survey Priorities with regard to sustainability for the control of AMR and HCAI

### Q2 INFECTION CONTROL

	Priority level	Best achieved at which level ?	Lead actor 1 for sustainable change	Lead actor 2 for sustainable change
Ensure that updated infection control programme (ICP) are available and known in healthcare facilities	<b>high priority</b>	<b>local</b>	<b>Health professional representative</b>	
Develop general template for implementing and running an ICP	<b>medium priority</b>	<b>national</b>	<b>Public Health institute</b>	
Train healthcare professionals (HCP) to effective hand hygiene	<b>high priority</b>	<b>local</b>	<b>Infection control team</b>	
Implement regular auditing and feedback of hand hygiene compliance among HCP	<b>medium priority</b>	<b>national</b>	<b>Public Health institute</b>	
Enhance environmental hygiene and decontamination in health care facilities	<b>high priority</b>	<b>national</b>	<b>Public Health institute</b>	
Disseminate diagnostic tools for rapid identification of carriers of AMR bacteria	<b>medium priority</b>	<b>national</b>	<b>Public Health institute</b>	
Develop and disseminate indicators evaluating the effectiveness of ICP	<b>high priority</b>	<b>national</b>	<b>Public Health institute</b>	

Other (please specify):

The questionnaire doesn't differentiate between coordination and implementation, i.e. European and national level often both have a role to play.

## Survey Priorities with regard to sustainability for the control of AMR and HCAI

### Q3 COMMUNICATION & AWARENESS

	Priority level	Best achieved at which level	Lead actor 1 for sustainable change	Lead actor 2 for sustainable change
Launch large multisectoral communication campaign on AMR	<b>high priority</b>	<b>europa n</b>	<b>International-European organization or Agency</b>	
Develop mobile app on AMR	<b>medium priority</b>	<b>national</b>	<b>Public Health institute</b>	
Develop a website dedicated to AMR	<b>high priority</b>	<b>national</b>	<b>Public Health institute</b>	
Develop TV advert	<b>medium priority</b>	<b>national</b>	<b>Public Health institute</b>	
Use social media widely to make AMR a trending topic	<b>medium priority</b>	<b>national</b>	<b>Public Health institute</b>	
Develop information leaflet on AMR for hospitals/healthcare settings	<b>high priority</b>	<b>local</b>	<b>Public Health institute</b>	
Promote the use of educational program (like e-bug or video game) in the school	<b>high priority</b>	<b>local</b>	<b>Public Health institute</b>	
Promote the inclusion of AMR and HCAI prevention in primary and secondary education curricula	<b>high priority</b>	<b>national</b>	<b>Public Health institute</b>	
Include AMR and HCAI in the initial and continuous training program of healthcare professionals and veterinarians	<b>high priority</b>	<b>national</b>	<b>Public Health institute</b>	
Organize an annual Conference on AMR	<b>high priority</b>	<b>europa n</b>	<b>International-European organization or Agency</b>	
Create an AMR symbol and post it on all AMR-related products to raise awareness about the specificity of antimicrobial agents	<b>low priority</b>	<b>europa n</b>	<b>International-European organization or Agency</b>	

## Survey Priorities with regard to sustainability for the control of AMR and HCAI

### Q4 SURVEILLANCE

	Priority level	Best achieved at which level	Lead actor 1 for sustainable change	Lead actor 2 for sustainable change
Develop real time surveillance of antibiotic consumption and resistance	<b>high priority</b>	<b>national</b>	<b>National competent authority</b>	
Improve data collection to enhance the representativeness of national data according to the different health sectors	<b>high priority</b>	<b>national</b>	<b>Public Health institute</b>	
Develop surveillance of drug availability and shortages	<b>high priority</b>	<b>national</b>	<b>National competent authority</b>	
Develop new global and specific indicators aimed at measuring antibiotic resistance and exposure to antibiotics on a common basis for humans, animals, and the environment	<b>medium priority</b>	<b>European</b>	<b>International-European organization or Agency</b>	
Other (please specify): Local surveillance is of great importance to clinical practice. However, data could be upstreamed to EU level.				

## Survey Priorities with regard to sustainability for the control of AMR and HCAI

### Q5 RESEARCH & DEVELOPMENT

	Priority level	Best achieved at which level	Lead actor 1 for sustainable change	Lead actor 2 for sustainable change
Define a list of research priorities (target product profiles)	high priority	European	International-European organization or Agency	
Create a pipeline coordinator (=governmental or non-profit organizations that closely tracks the antibiotic pipeline (or subsets thereof), identifies gaps, and actively supports R&D projects both financially and technically to fill these gaps )	high priority	national	National competent authority	
Improve the regulatory environment for antibiotics or non conventional anti-bacterial therapies and diagnostics	low priority	national	National competent authority	
Create a specific track for antimicrobial agents to boost R&D and market access	medium priority	European	Industry representative	
Accelerate marketing authorization procedures for antibiotics and related compounds	medium priority	European	International-European organization or Agency	
Create a fund on AMR to finance innovative products in human health as well as in animal health	high priority	European	Other	
Boost research for the development of preventive methods, alternatives to antibiotics and, specifically for the veterinary sector, animal husbandry measures	high priority	national	National competent authority	
Other (please specify): As to the pipeline coordinator this could also be upstreamed to EU level.				

## Survey Priorities with regard to sustainability for the control of AMR and HCAI

### Q6 PROPER USE

	Priority level	Best achieved at which level	Lead actor 1 for sustainable change	Lead actor 2 for sustainable change
Implement the per-unit dispensing of ATB-sales	high priority	national	National competent authority	
ATB available only on prescription by authorized personnel	high priority	national	National competent authority	
Promote the use of point-of-care rapid diagnostic tools at the physician's office	medium priority	national	National competent authority	
In the veterinary sector, ban antibiotic prescriptions for preventive purposes	high priority	European	International-European organization or Agency	
Promote the use of delayed antibiotic prescriptions for some self-limiting infections	high priority	local	Health professional representative	
Develop antibiotic stewardship teams in HCF and peer-to-peer advice (= advices from doctor to doctor about a specific prescription for a given patient or about general prescribing practices) in outpatient settings	high priority	local	Infection control team	
Develop incentives, incl. regulatory and financial measures, to engage doctors in following official guidelines on the use of antibacterial agents (ie, indication, right ATB, the right dose the right duration)	low priority	national	Health professional representative	
GPs should be more proactively involved in the co-construction program to reduce antibiotic prescribing	high priority	national	Health professional representative	
Other (please specify): CPME doesn't have a policy on incentives, incl. regulatory and financial measures.				

**Q7 2.** Are there other interventions that, in your experience, proved to be efficient? If yes please specify:

Respondent skipped this question

Page 4: SUSTAINABLE COOPERATION

**Q8** In your views, fruitful cooperation on AMR can be best achieved through : Note the suggestions in order of relevancy : 1= most relevant, 4 = least relevant

Regular meetings at the EU level (Presidency conference, One Health network, Antibiotic week, other)?	<b>2</b>
Sectoral discussions at the EU level (i.e. among industries, health professionals, ...)	<b>1 : most relevant</b>
Enabling ECDC to take the lead at the EU level on specific outcomes and recommendations from the JA	<b>1 : most relevant</b>
Creating a new network involving all stakeholders with a precise roadmap to implement	<b>1 : most relevant</b>
Massive mobilization of stakeholders via social media	<b>3</b>
Keeping AMR high on the political agenda (EPSSCO, EU presidencies, ...)	<b>1 : most relevant</b>
Maintain a virtual platform to share experiences and request opinions and advice, in order to keep operational contact between members states	<b>2</b>
Other suggestion of high-ranking action, please specify :	<b>International organisations (WHO, OIE, FAO Codex and EU) should meet and establish methods of cooperation. Discussons at high-level fora such as G7, G20 and UN are also very useful.</b>

Page 5: SUSTAINABLE CHANGE for the fight against AMR

**Q9 VISION**

AMR has to be addressed at all levels (patient, hospital, health professionals, industry, health authorities, industry, agriculture sector...) as each actor can do something to reduce AMR	<b>totally true</b>
AMR is mainly a global challenge	<b>totally true</b>
AMR has to be a political priority at all levels of the health system (Hospital management, Regional Health authorities Executive, National Public Health Institute, National Competent authorities, EU decision-makers)	<b>totally true</b>
HCAI has to be a political priority at all levels of the health system	<b>mostly true</b>
Only an inclusive approach involving the whole government can contribute to reduce the burden of AMR	<b>mostly true</b>
it is more important that it is the agricultural sector that reduces its antibiotic consumption than the human sector	<b>totally true</b>

## Survey Priorities with regard to sustainability for the control of AMR and HCAI

### Q10 SKILLS

The initial training of healthcare professionals (HCP) and veterinarians is adequately updated to include AMR and HCAI	<b>only partly true</b>
Physicians and other HCP are adequately trained on the prevention of AMR and HCAI during their continuous professional development courses	<b>mostly true</b>
The knowledge of trainers for HCP on implementing behavior changes is adequate	<b>only partly true</b>
Training materials are easily available and relevant	<b>only partly true</b>
Patient empowerment is particularly relevant as far as prevention and control of AMR and HCAI are concerned	<b>mostly true</b>

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### Q11 RESOURCES (Human, Financial, Organisational)

AMR and HCAI preventive interventions are costly	<b>mostly true</b>
Each state must contribute to a European fund for financing innovation	<b>totally true</b>
An Antimicrobial Stewardship Programme should be adopted and operating in each healthcare facility	<b>totally true</b>
Each country should have an AMR intersectoral committee ensuring follow-up of the NAP and surveillance of AMR bacteria	<b>mostly true</b>
Prevention plans should be elaborated at all levels	<b>mostly true</b>
National Research Agenda should secure a significant part for AMR research	<b>mostly true</b>
An AMR and HCAI expert should be present in each hospital	<b>totally true</b>

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### Q12 INCENTIVES

Existing incentives to reduce AMR are not sufficient	<b>only partly true</b>
New incentives should be elaborated and adapted to each categories of stakeholders	<b>only partly true</b>
Massive investment should be done to stimulate R&D on AMR and protect the existing pipeline	<b>totally true</b>
Industry should take their responsibility and start investing on AMR product even if the economic model is suboptimal	<b>totally true</b>
The European regulatory framework should be optimized for AMR-related products	<b>mostly true</b>
GPs should be provided with a periodic review and feedback of their prescriptions, comparative to their peers	<b>totally true</b>
Physicians should be provided financial incentives by the government to reduce their antibiotic prescriptions	<b>false</b>
Promoting "Antibiotic-free" goods, within a appropriate regulatory environment, provides a public incentive to preserve antibiotics	<b>only partly true</b>
Other (please specify)	<b>CPME has no policy on financial incentives.</b>

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**Q13 PLANS**

The EU action plan is appropriate to lead all actors to collectively reduce AMR	<b>totally true</b>
Under-resourced plans are useless	<b>totally true</b>
Monitoring the implementation of plans with indicators is key to secure concrete outcome	<b>totally true</b>
National plans have to be adapted/embraced by each stakeholder	<b>totally true</b>
Other (please specify)	<b>Plans must be adequately resourced but so must the clinical environment. Lack of safe staffing levels or time with patients prevent the implementaion of good practise.</b>

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**Q14 2.** Among the 5 elements for sustainable change, which one do you feel is the most urgent to work on ?Please rank the suggestions one against the other from 1 to 5 ; 1 = element the least urgent – 5= element the most urgent

VISION	<b>2</b>
SKILLS	<b>4</b>
RESOURCES	<b>5</b>
INCENTIVES	<b>1</b>
PLANS	<b>3</b>

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