

# ECDC terms of reference for joint One Health country visits on antimicrobial resistance

July 2020

## Background

In November 2001, the EU Health Ministers adopted the [Council Recommendation on the prudent use of antimicrobial agents in human medicine \(2002/77/EC\)](#). This recommends specific actions to Member States related to surveillance, education, information, prevention and control, and research targeted towards the prudent use of antimicrobial agents with the aim of containing the increase of pathogens resistant to these agents. Joint country visits are one of the initiatives set out in the [Commission's One Health Action Plan against antimicrobial resistance \(AMR\)](#) published on 29 June 2017 and contribute to its aim of making the European Union a best practice region in the fight against AMR. The term 'One Health' recognises that human and animal health are interconnected and that diseases are transmitted from one to the other and the threat of AMR should be tackled in both. The One Health approach also encompasses the environment, another link between humans and animals and likewise a potential source of new resistant organisms. The importance of adopting a One Health approach to tackling AMR has been recognised in the European One Health Action plan on AMR as well as globally by the WHO Assembly which urged all its country members, including EU Member States, to develop and have in place by 2017 national action plans on AMR that are aligned with the objectives of the Global action plan on AMR, adopted at the 68th World Health Assembly in May 2015. Further EU actions are described in the [Conclusions on the next steps towards making the EU a best practice region in combatting antimicrobial resistance](#) adopted on 14 June 2019.

Joint country visits aim to support Member States in the design and implementation of their national AMR action plans. A team from the European Centre for Disease Prevention and Control (ECDC) works together with a team from the Directorate-General for Health and Food Safety of the European Commission on aspects relevant to AMR in a One Health context. However, this document focuses on the terms of reference for the human health part conducted by ECDC, while a separate visit plan is provided by the Commission team.

## Purpose

The overall aim of joint country visits is to provide a comprehensive overview of the efforts currently being made by the visited Member State to tackle AMR and, with the support of experts from other Member States, to highlight areas where further work would be beneficial in further developing and implementing the national AMR strategies and action plans.

The objectives of the visit are:

- To discuss the current and planned efforts to prevent and control AMR with the relevant competent authorities and national and local stakeholders, in particular to provide assistance with the development, review and implementation of the relevant national strategies and action plans;
- To exchange experience and knowledge on initiatives taken by other Member States which could potentially be helpful in further developing and implementing the national AMR strategies and plans;
- To document the current situation regarding AMR and control efforts being made in the visit report to highlight successful strategies and areas in need of further action. With the agreement of the visited country, the visit report will be made publicly available as a resource for other countries.

## Initiation of the visit

The process of organising a Joint One Health country visit to discuss AMR issues is initiated by an invitation sent from a national health authority (Minister of Health, Director General for Health, Chief Medical Officer) and their counterparts on the veterinary side (and, ideally, also from the environmental side) to the ECDC Director and the Director of health and food audits and analysis of the Commission's DG Health and Food Safety. Following this invitation, the ECDC and the Commission enter into a discussion with the inviting authorities (or their services) and the designated contact persons to agree dates that would suit all parties involved. Finally, the above-mentioned Directors send a letter of reply to the inviting national authorities, accepting the invitation and proposing the dates of the visit and the contact persons for further arrangements.

## Composition of ECDC team

The ECDC team usually consists of two to three persons. The team is led by an ECDC expert in the field of AMR and healthcare-associated infections. ECDC invites up to three external experts, usually from a European Union/European Economic Area (EEA/EU) country to participate in the country visit. Once finalised, ECDC communicates the composition of the team to the inviting national authority.

## Programme

The programme of the visit is developed by the inviting national authorities in close collaboration with the designated contact points and the ECDC and Commission teams. A typical visit lasts one week, from Monday to Friday. The introductory and closing sessions on day one and five are conducted jointly with both visit teams, while the teams have separate agendas for the field visits on day two to four. For human health, the areas for discussion are those included in Council Recommendation 2002/77/EC. These are detailed in a separate assessment tool. Ideally, the ECDC team should meet and discuss with as many relevant stakeholders and organisations as possible at national, regional and local levels.

The ECDC team would particularly like to meet or visit:

- the inviting national authorities, including representatives for public health, healthcare, food, agriculture and the veterinary sector;
- the Intersectoral Coordination Committee (ICM) - i.e. the national coordination group;
- regional/local coordination groups;
- organisations involved in surveillance of AMR and of antimicrobial consumption;
- the public health institute;
- the national reference laboratory for AMR;
- representatives of health insurance companies (if applicable);
- representatives from the National Medicines Agency;
- representatives of infectious disease specialists, microbiologists, infection control specialists, general practitioners, hospital practitioners, paediatricians, nurses, pharmacists;
- hospitals (between two and five), if possible with different patient populations and in different areas of the country;
- a long-term care facility/old age home;
- a general practice/outpatient clinic;
- a community pharmacy.

This list is not exhaustive and can be adapted to the needs of the country.

# Example of an agenda for a Joint One Health country visit on AMR

## Sunday

- Arrival of ECDC and Commission teams

## Monday (jointly with Commission team)

- Meeting with inviting national authorities
- Meeting with Intersectoral Coordination Committee (ICM) – if implemented – with presentations on the national situation regarding AMR, the national action plan and other national AMR control initiatives by organisations involved in ICM (the indicators listed in the ECDC assessment tool should be covered by the presentations, please see separate document)
- Meeting on communication related to AMR in the human, veterinary and environmental sector (can also be held early on Tuesday morning)

## Tuesday and Wednesday (ECDC team only)

- Visit to hospitals (in each hospital: meeting with director, meeting with personnel in charge of AMR prevention and control, visit of intensive care unit, visit of medical and/or surgical ward, visit of clinical microbiology laboratory, visit of pharmacy). Preferably hospitals providing different levels of service/care should be visited.
- Visit of a long-term/chronic care facility or home for elderly
- Meeting with regional/local groups and presentation of regional/local activities to prevent and control AMR
- Meeting with general practitioner(s) and possibly visit of general practice
- Visit of a community pharmacy
- To get a better overview of the country, ECDC's team should travel to two other regions/cities in addition to the capital city. Visits to hospitals and meetings with regional/local groups for presentation of regional/local activities to prevent and control AMR and other institutions (national reference laboratory, public health institute, insurance company see Thursday) can also be included during these trips in a way that minimises travel time.

## Thursday (ECDC team only)

- Visit of the national reference laboratory (if not included earlier)
- Visit of the national health insurance company (if not included earlier)
- Meetings with representatives of professional organisations (for example general practitioners, infection control nurses, pharmacists)
- Visits and meetings should end at approximately 13:00. The ECDC team will work on the preliminary report in the afternoon.

## Friday (jointly with Commission team)

- Preliminary oral report from the ECDC and Commission teams to inviting national authorities and ICM
- Departure of the visit teams (afternoon).

Concrete examples of programmes from previous AMR country visits are available upon request.

# Report

The main output of the visit is a joint report from the ECDC and the Commission teams provided to the national authorities. To help ensure the consistency of the visits and monitor progress, an assessment tool for the human health part has been developed by ECDC. The assessment tool includes ten topics regarded as core areas for successful prevention and control of AMR based on Council Recommendation 2002/77/EC. The assessment tool is used as a guide for discussions during the visit.

A preliminary, oral report is provided to the inviting national authorities, and to the ICM, on the last day of the visit. No written document is delivered at this stage. A draft written report is then produced and has the following sections:

- Introduction;
- Objectives and scope;
- Background;
- Observations and conclusions including:
  - AMR strategies, action plans and coordination, based on a One Health approach;
  - Human health aspects of AMR;
  - Veterinary and environmental aspects of AMR.
- Overall conclusions;
- Considerations for possible future actions;
- Closing meeting.

The part on the human health aspects of AMR include the following topics from the ECDC assessment tool:

- Organised multidisciplinary and multisectoral collaboration at a local level;
- Laboratory capacity;
- Monitoring of antibiotic resistance;
- Monitoring of antibiotic usage;
- Antibiotic utilisation and treatment guidance;
- Infection control;
- Educational programmes on AMR;
- Public information related to AMR;
- Marketing-related issues.

This draft written report is prepared within 35 working days after completion of the country visit and provided to the inviting national authorities for comments. These comments are then addressed and the report corrected where relevant. The final report is sent by the above-mentioned Directors to the inviting national authorities. Copies must be addressed to the country's Management Board member and alternate, Advisory Forum member and alternate, the National Coordinator of coordinating Competent Bodies and to the National Focal Point for AMR.

Examples of reports of previous AMR country visits are available on the ECDC website:

<https://www.ecdc.europa.eu/en/all-topics-z/antimicrobial-resistance/preparedness/country-visits-reports>

## Confidentiality and media issues

Reports of joint country visits are only published subject to the agreement of the concerned Member State. However, ECDC and the Commission strongly encourage publication of the visit report. Access to ECDC documents follows European Union rules and, in particular, Regulation (EC) 1049/2001 and (EC) 291/2006 and the relevant implementing rules concerning the obligation of transparency. Presence of the media at meetings during the visit or the organisation of a press release must be agreed in advance between the visit teams and the host country.

For more information on the joint One Health country visits on antimicrobial resistance, please contact the ECDC Disease Programme for Antimicrobial Resistance and Healthcare-Associated Infections (arhai@ecdc.europa.eu).