THE GLOBAL HEALTH NETWORK
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AMR Antimicrobial Resistance Knowledge Hub

THE GLOBAL HEALTH NETWORK ASIA

World Antimicrobial Awareness Week (WAAW) 2025 Webinar Series

One Health in Action: Asian strategies to tackle AMR across human, animal, and environmental health

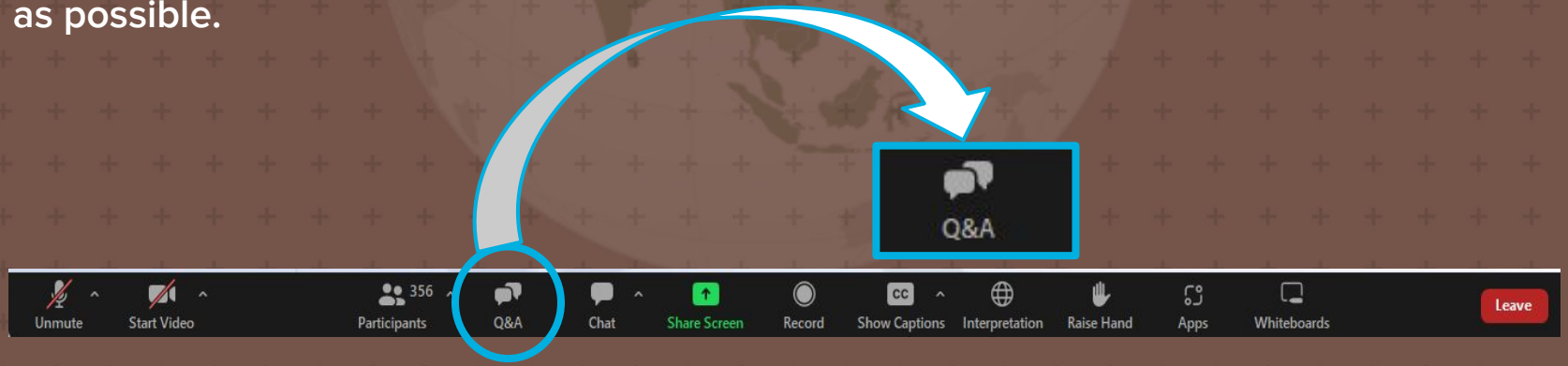
When: **19th November 2025**

Time: **10:00 GMT**

WORLD AMR AWARENESS WEEK
18-24 NOVEMBER

Housekeeping

- This webinar is being recorded and will be shared on The Global Health Network.
- Due to the number of participants your camera and microphone are disabled.
- Please use the ***Chat*** feature for any technical issues.
- Please use the ***Q&A*** feature to post your questions. You can post anonymously.
- We have dedicated time allocated for Q&A so we'll try to get through as many questions as possible.



Registered for today's webinar - Thank you!

Country	Attendees
India	34
Ethiopia	17
Philippines	17
Nigeria	16
Nepal	15
Kenya	14
United Kingdom	14
Pakistan	11
Tanzania	11
Uganda	10
Bangladesh	9
Ghana	7
Egypt	6
Malawi	6
Vietnam	6
DRC	5
Benin	4
Indonesia	4
Malaysia	4
Mozambique	4

Panel & Agenda

Chair: Godwin Pius Ohemu - Graduate Assistant, AMR Knowledge Hub and CoP, The Global Health Network, University of Oxford, UK

Welcome/Opening Remark: Dr. Hamsadvani Kuganantham - Consultant, The Global Health Network, University of Oxford, UK

AMR Commitments and Initiatives at the Sub-national Level in India- **Dr. Anuj Sharma**, Technical focal point – AMR & IPC, WHO India

Setting up an IPC Program in Low-Resource Settings - **Prof. Geetanjali Kapoor**, AMR Consultant, India; Visiting Academic, University of Oxford

Addressing Gender Inequalities in AMR Interventions - **Dr. Tine Rikke Jorgensen**, Strategic Adviser, The Globe Institute, University of Copenhagen, The Global Health Network, and Former AMR Programme Coordinator, WHO, HQ Geneva and Europe.

Q&A - Prof. Geetanjali Kapoor, Dr. Tine Rikke Jorgensen and Dr. Anuj Sharma

Closing Remark - **Dr. Hamsadvani Kuganantham/Adam Dale**, The Global Health Network

Scribe - **Nana Osei Bonsu**, AfOx Ubuntu Fellow

AMR Commitments and Initiatives at the Sub-national Level in India

Dr. Anuj Sharma

Technical focal point – AMR & IPC,
WHO India

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Technical focal point – AMR & IPC,
WHO India

Setting up an IPC Program & Impact Assessment

Prof. Geetanjali Kapoor

AMR Consultant, India
Visiting Academic, University of Oxford

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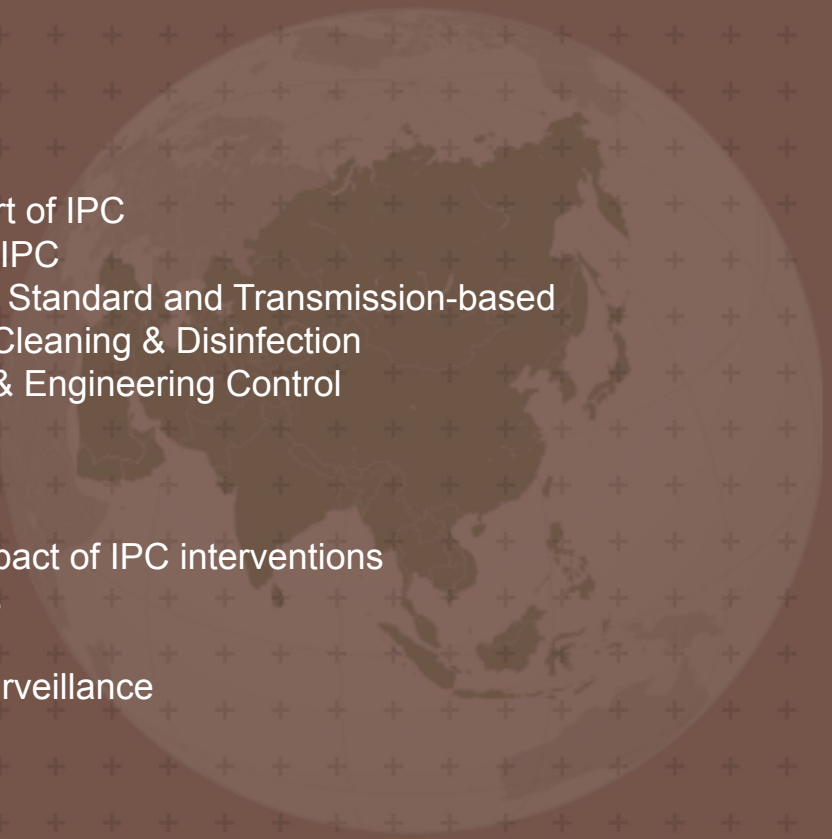
Setting up an IPC Program & Impact Assessment

Prof. Geetanjali Kapoor

AMR Consultant, India
Visiting Academic, University of Oxford

Agenda



AMR accelerators
AMR burden
SENIC - Formal start of IPC
Key components of IPC
- Precautions – Standard and Transmission-based
- Environment Cleaning & Disinfection
- Environment & Engineering Control
- WASH
- Vaccination
- Food Safety

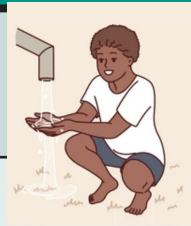
How to measure impact of IPC interventions
- IPC indicators
- MDRO
- HAI and its surveillance

Emerging questions

AMR | Accelerators

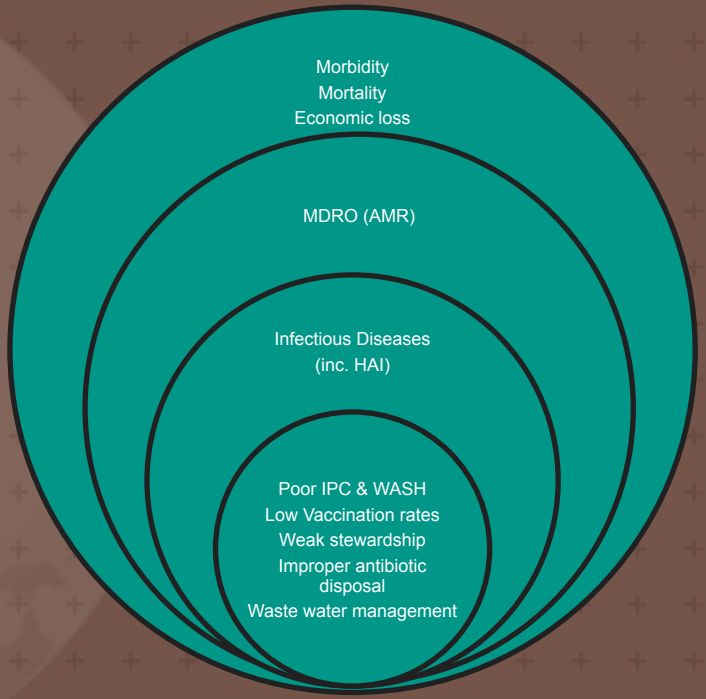
Conducive environment for microbe and antimicrobial interactions

More microbes
- Poor IPC & WASH
- Low vaccine coverage



More antimicrobials
- Weak stewardship
- Weak enforcement of regulations
- Improper disposal practices

Environmental
- Wastewater management in human dwellings, animal farms and agriculture



Strong IPC = cornerstone of AMR containment

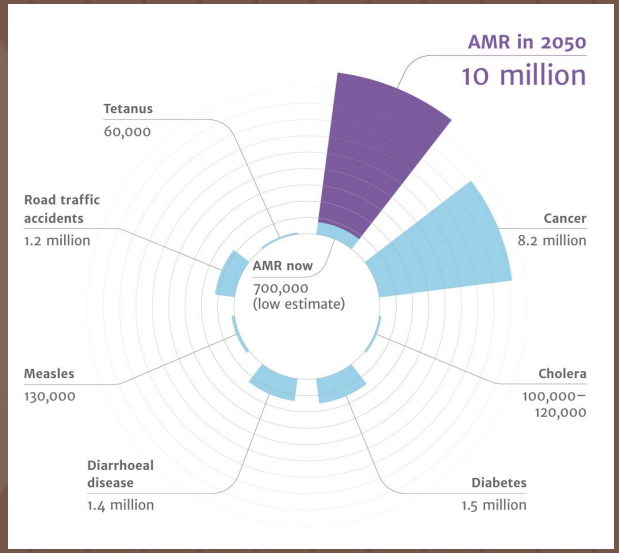
Courtesy: Shutterstock images

AMR Burden

AMR infections	AMR attributed deaths	AMR associated deaths	Year	Scope	Source
-	0.7 M*	-	2014	Global	Lord Jim O'Neill
-	1.3 M**	4.9 M	2019	Global	Lancet report
2.8 M	35,000	-	-	USA	CDC AR threat report 2019

*Including HIV, TB, malaria; rise to 10M/year by 2050, if no action taken
**Bacterial AMR (TB included)

AMR's impact by 2050						
Decline in global livestock output	Decline in global exports	Decline in GDP	Decline in global economy	Rise in healthcare expenses	Rise in extreme global poverty	Source
11 %	1.1-3.8%	1.1-3.8%	-	$0.33-1.2 trillion	24 million people	World Bank
-	-	-	100 trillion	-	-	Lord Jim O'Neill



AMR attributed deaths

The Review on Antimicrobial Resistance Chaired by Lord Jim O'Neill, May 2016

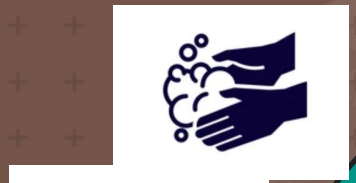
SENIC study (1970s-1980s)

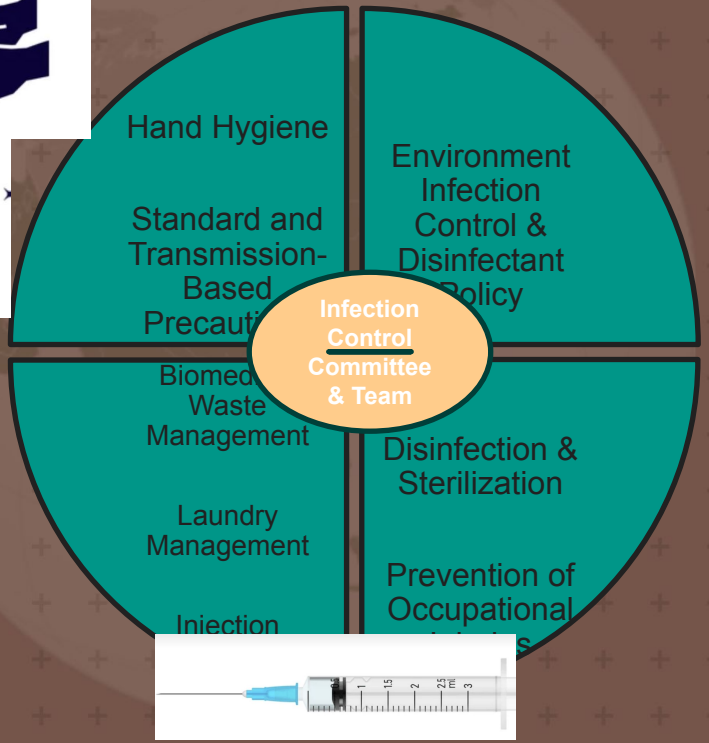
Study of the Efficacy of Nosocomial Infection Control (SENIC)
SENIC showed infection rates ↓ by 1/3 with 4 interventions:
- Clinician or microbiologist with specialized training
- Dedicated infection preventionist
- Good surveillance systems with regular feedback to staff
- Strict enforcement of preventive practices

Formal origin of IPC programs
Strong IPC = cornerstone of AMR containment

* Healthcare Associated Infection
$ Infection prevention: General principles. UpToDate; August 2025

Components of Infection Prevention





Courtesy: Shutterstock images

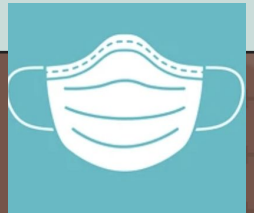
Precautions

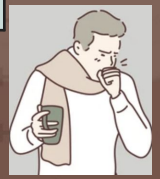
Standard
(for all patients, always)

- Hand hygiene
- Use of PPE (gloves, gown, mask, eye protection as risk requires)
- Respiratory hygiene/cough etiquette
- Safe injection practices
- Environmental cleaning & waste management

Transmission-Based
(added for suspected/confirmed cases)

- Airborne: e.g., TB, measles, COVID-19 → N95 respirator, negative pressure room
- Droplet: e.g., influenza, pertussis → surgical mask, patient placement
- Contact: e.g., MRSA, C. difficile → gloves, gowns, dedicated equipment





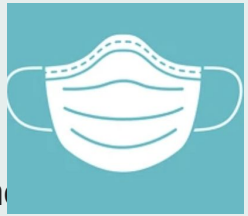
Standard Precautions

Applied to all patients in all healthcare settings, regardless of infection status; primary strategy for preventing healthcare-associated transmission

Components

Hand hygiene
- Single most important practice to reduce the transmission of infectious ager
- No artificial fingernails and extenders when with high-risk patients
- Hand hygiene = final step after PPE removal

Personal Protective Equipment (PPE)
- Gowns are usually the first piece of PPE to be donned
- Face protection: masks, goggles, face shields
- Selection depends on patient interaction and mode of transmission
- Removal of a face shield, goggles and mask performed after gloves rem
- Designated containers for used PPE disposal/collection

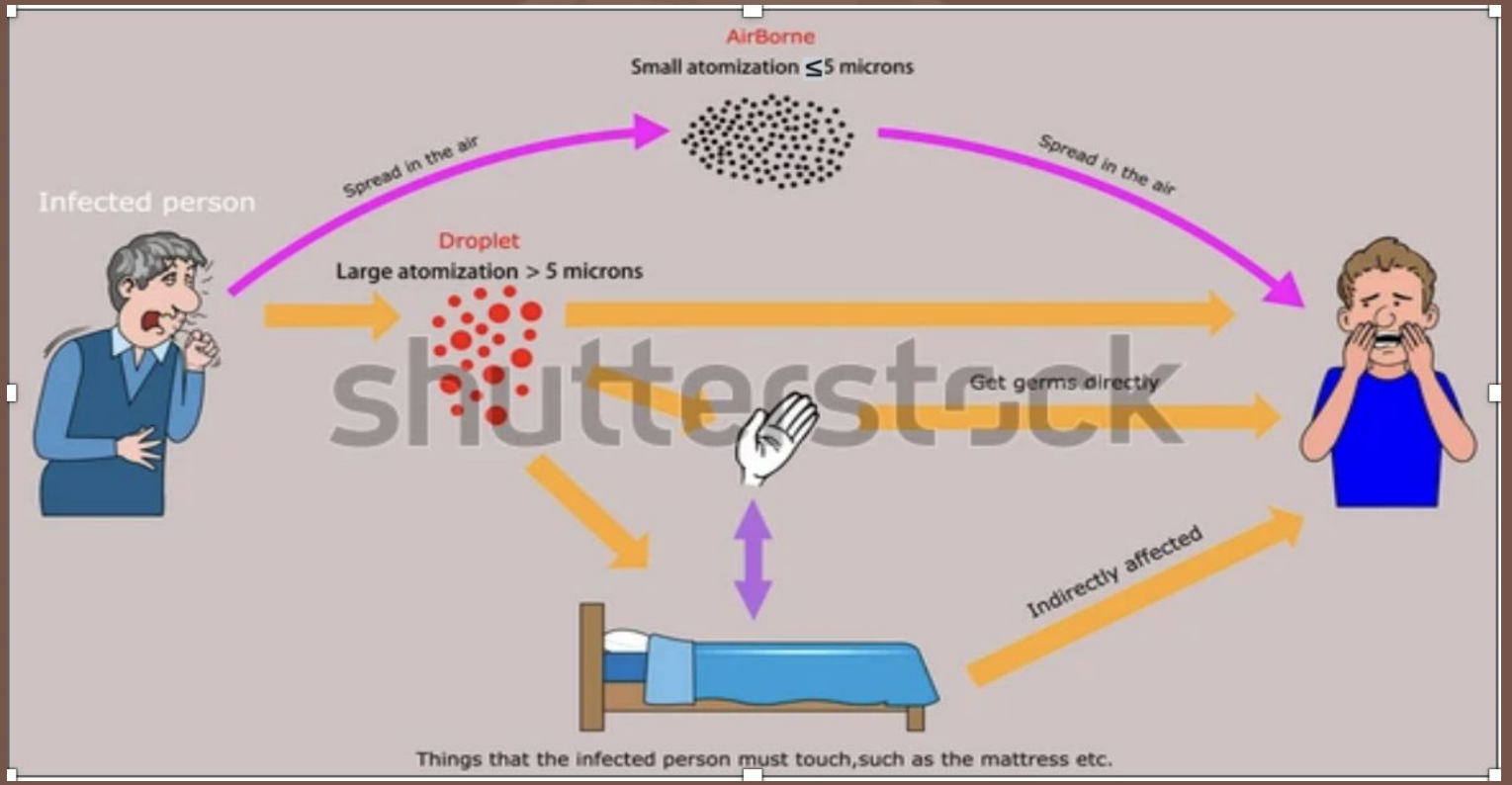


Respiratory Hygiene/Cough Etiquette
- Masking may be difficult in some settings, (e.g., pediatrics)
- Cough etiquette

Safe injection practices

Courtesy: Shutterstock images

Transmission-Based Precautions



Transmission-Based Precautions

Applied when the route(s) of transmission not interrupted using Standard Precautions alone Components
Airborne Precautions • Why: To interrupt pathogens that stay as droplet nuclei (desiccated suspended droplets i.e. ≤5 µm size) or as fine airborne particles and hence are in the respirable size range & remain infective over time and distance • Ex: M. tuberculosis, Rubeola (measles) virus, Varicella-zoster virus (chickenpox), spores of *Aspergillus* spp • Patient placement in Airborne Infection Isolation Room (AIIR): Single-patient room with negative pressure, 12 ACH for new construction/renovation and 6 for existing facilities#; air exhausted directly to the outside or recirculated through HEPA filtration before return • Alternate: Masking of patient and placement in private room with the door closed; N95 or higher level respirators for healthcare personnel
Droplet Precautions • Why: To interrupt pathogens that move in respiratory droplets (> 5 micron) and usually over short distances (≤ 3 feet)* • Scenarios: Cough/cough induction, sneeze, talk, suctioning, endotracheal intubation, CPR • Ex of pathogens: *Neisseria meningitidis, Bordetella pertussis, Mycoplasma pneumoniae,* GAS, Influenza virus, Adenovirus, Rhinovirus, SARS-CoV • Facial protection
Contact Precautions • Herpes simplex, localized zoster in an immunocompetent host or vaccinia viruses most likely • Ebola: Contact & Droplet

#as of 2001 vs before 2001
*but should not be the sole criteria as maximum distance is variable/unresolved

Environment Cleaning & Disinfection

Spaulding Classification

Critical items : enter the body (need highest level of sterilization)

Semi critical items : touch mucosa (need high-level disinfection)

Non-critical items : touch skin (need low-level disinfection)

- Follow manufacturers' instructions if available
- Alcohol (60-90%) works for small surfaces (rubber stoppers, thermometers, steths)
- Barrier protection as for frequently touched operating light in dental care setting
- High-touch patient-care items (e.g., blood pressure cuffs) should be disposable in isolation settings

Housekeeping surface

- High touch surface (doorknob, bedrail, switch, curtain edge)
- Infrequent hand contact (window sills) – upon patient discharge and when soiled
- Window curtains, walls, blinds – when soiled

CDC recommendations

- Disinfectant fogging not recommended for general infection control in routine patient acre areas
- Routine environmental (air, water, surface) culturing not recommended as infection rates are not linked to general microbial contamination and no environment standards exist for safe levels (except: outbreak, research, change in IPC practice)

Environment & Engineering Control

Purpose: Prevention of environmentally mediated infections particularly among HCW & immunocompromised

Likely Pathogens: Aspergillus spp., Legionella spp., M. tb, VZV

Recommendations

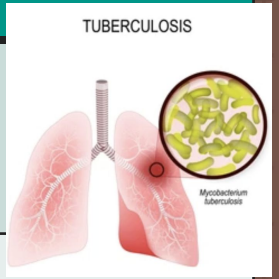
Adherence to ventilation standards for special environments
- Daily monitoring of of negative airflow in renovation and construction area
- Daily monitoring of of negative airflow in Airborne Infection Isolation
- Daily monitoring of of positive airflow in protective environment rooms (PE) and

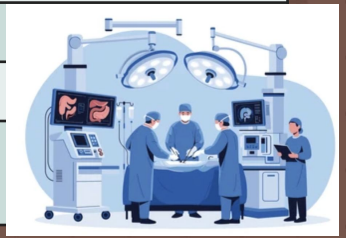
Adherence to water quality standards for safe hemodialyzer reprocessing
- Monthly (min) water testing to rule out endotoxin

Identify and respond to water related damages

Adherence to proper use of disinfectants

Adherence to proper maintenance of medical equipment that uses water (endoscopes and hydrotherapy equipment)



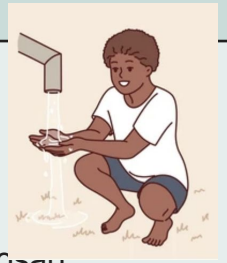


Routine environmental sampling is not recommended

Courtesy: Shutterstock images

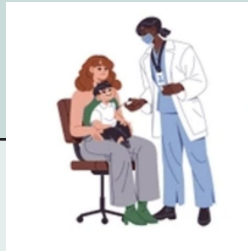
Water, Sanitation & Hygiene (WASH)

Rationale and Actions
Rationale • Removes infection sources and breaks the chain of transmission • Supports AMR mitigation & antimicrobial stewardship
Actions • Ensure safe water supply (40–60 L/patient/day; 2 days' storage) • Provide hand hygiene facilities at points of care & food prep areas • Regularly test water quality (chlorine 0.2–0.5 mg/L; *E. coli* absent in 100 ml) • Maintain sanitation infrastructure (toilets, wastewater, waste segregation) • Strengthen waste management (segregation, safe transport, treatment & disposal)



Vaccination

Rationale and Actions
Rationale • Mimics a real infection and hence trains the immune system to fight diseases • Reduction in disease burden • Supports AMR mitigation & antimicrobial stewardship
Actions • Ensure routine immunization for all population and at-risk groups • Immunize healthcare workers against influenza, Hepatitis B, COVID-19, etc. • Integrate vaccination into IPC programs at facility and community levels



Courtesy: Shutterstock images

Food Safety

Rationale and Actions

Rationale
- Prevents foodborne infections and breaks the chain of transmission
- Supports AMR mitigation & antimicrobial stewardship

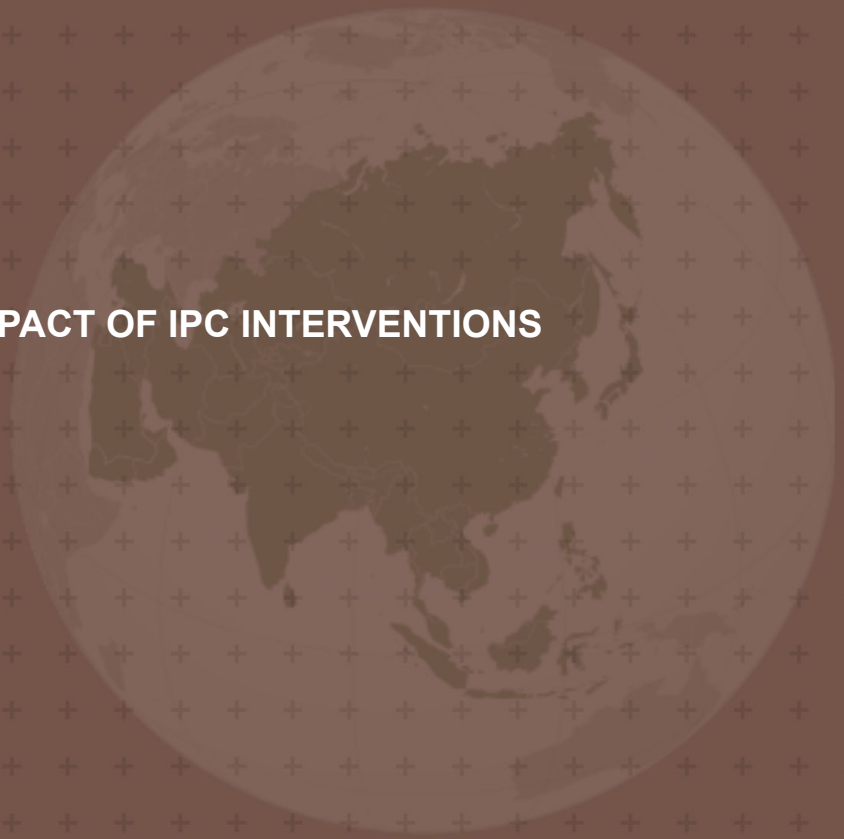
Actions

Follow WHO's Five Keys to Safer Food:
- Keep clean – strict hand hygiene, PPE for food handlers
- Separate raw & cooked to avoid cross-contamination
- Cook thoroughly (≥70°C core temperature)
- Keep at safe temperatures (hot >60°C, cold <5°C)
- Use safe water & raw materials (wash produce, discard expired/rotting food)

Apply Hazard Analysis and Critical Control Point (HACCP) or similar food safety systems in healthcare food services
- Identify hazards (biological, chemical, physical)
- Determine critical control points (CCPs)
- Set limits (cooking/storage temperatures)
- Monitor, correct, keep records, and verify compliance

Courtesy: Shutterstock images

HOW TO MEASURE IMPACT OF IPC INTERVENTIONS



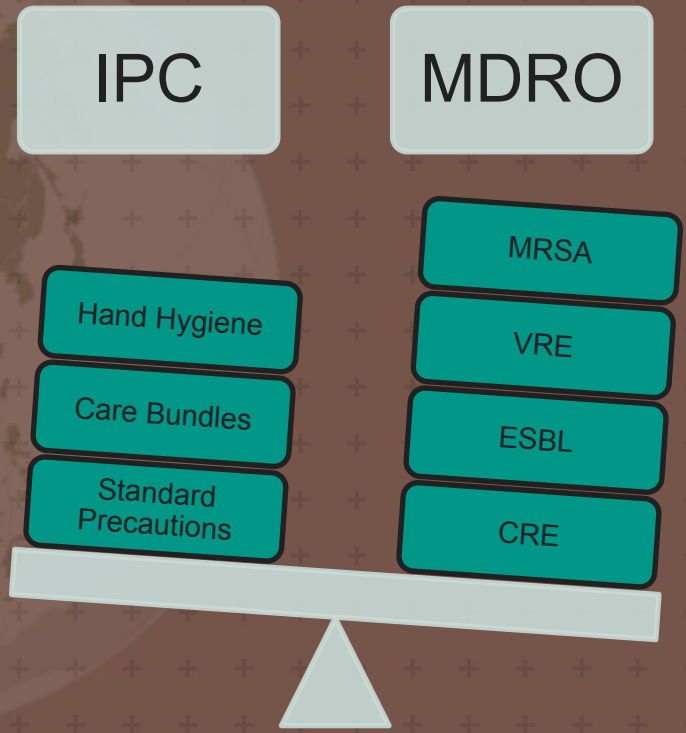
IPC Indicators

- Knowledge, Attitude and Practice
- Compliance to IPC practices
- Multidrug Resistant Organism Prevalence
- Infection (HAI) Rates

Multidrug-resistant organisms (MDROs)

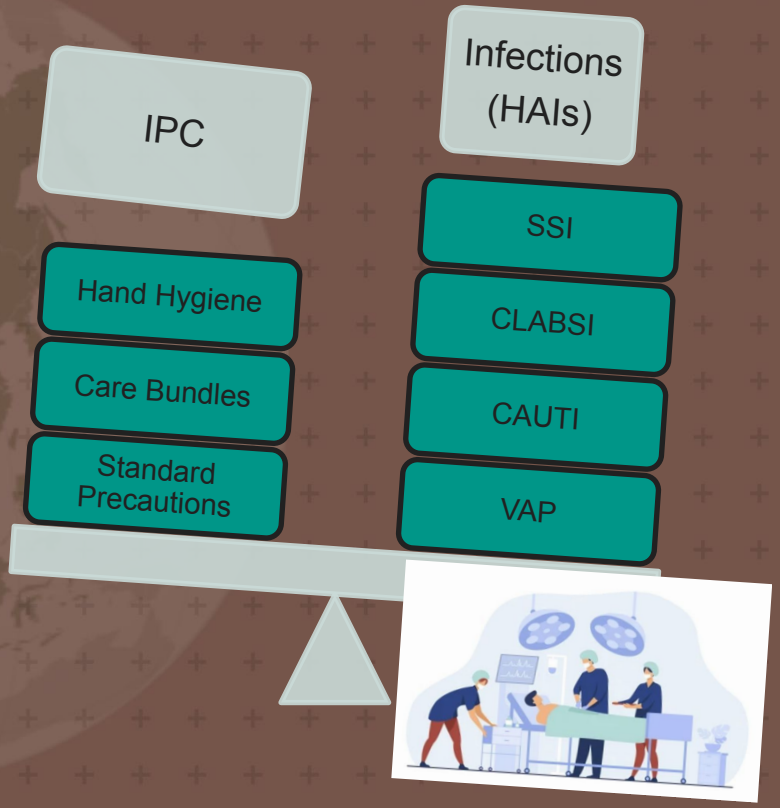
RESERVOIR & TRANSMISSION
S. Aureus • Humans are the main reservoir
VRE • Colonized patients especially immunocompromised
ESBL producers & CRE • Human gut, urinary tract, wounds, medical devices, hospital surface
Transmission Routes • Direct (patient-to-patient contact) • Indirect (Healthcare workers' hands and contaminated surfaces)

CONTAINMENT
Administrative commitment of fiscal and human resources
IPC (Standard and Contact Precautions)
AMS (judicious use of antimicrobials)
Environmental measures
Surveillance (routine and enhanced)
Education and decolonization



Healthcare-associated infections (HAIs)

An infection that develops in a patient who has received health care (infection was not incubating or present at the time healthcare was provided).
Acute care hospital Chronic care facility Ambulatory clinic Dialysis center Surgicenter
Healthcare-acquired Nosocomial infection X



Courtesy: Shutterstock images

Steps of HAI surveillance

1. DEFINE SCOPE & CASE DEFINITIONS

Select high-risk areas
Agree on standards and case definitions with clinicians and microbiologists

2. CREATE PROTOCOLS

Create SOPs

3. TRAIN SURVEILLANCE STAFF

Train and retrain surveillance staff

4. CASE IDENTIFICATION

Daily rounds, review records, labs, radiology
Confirm cases with clinicians

5. DATA MANAGEMENT

Enter into secure database
Validate and resolve discrepancies

6. DATA ANALYSIS

Analyze trends & outcomes

7. ACTION

Train hospital staff (IPC Bundles) and build hospital capacity for sustained surveillance

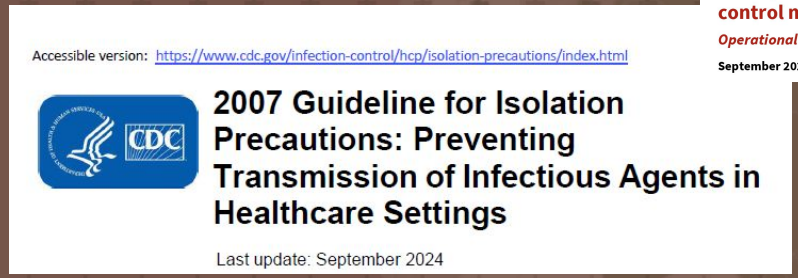
8. PRESENTATION & REPORT WRITING

Courtesy: Shutterstock images

Emerging Questions in IPC

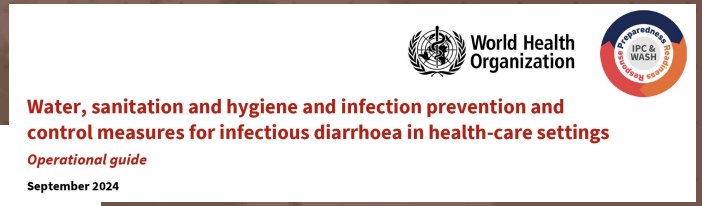
Evaluate significance of airborne pathogens in surgical field
Importance of particulate sampling instead of microbiological in ultra clean environment
Newer methods of water treatment
Innate pathogen resistance to germicides
Newer techniques to inactivate emerging pathogens in medical waste
Call to Action- Linking research gaps with policy/practice

References


Accessible version: https://www.cdc.gov/infection-control/hcp/isolation-precautions/index.html

2007 Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings

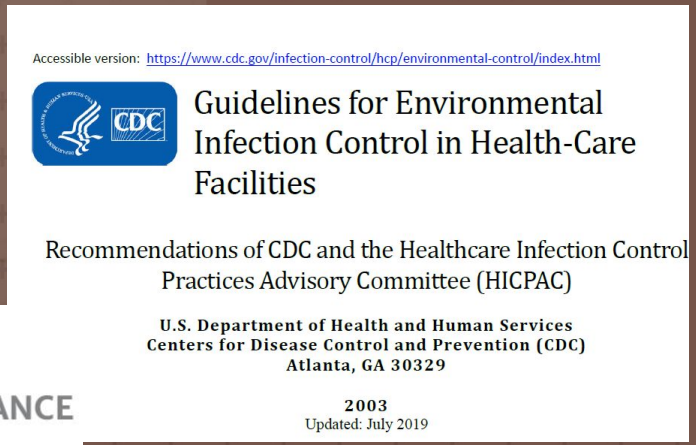
Last update: September 2024


World Health Organization

Water, sanitation and hygiene and infection prevention and control measures for infectious diarrhoea in health-care settings

Operational guide

September 2024

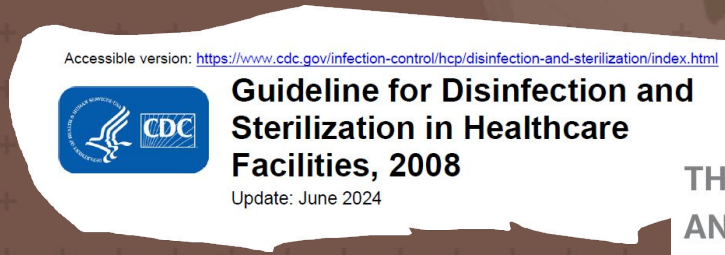

Accessible version: https://www.cdc.gov/infection-control/hcp/environmental-control/index.html

Guidelines for Environmental Infection Control in Health-Care Facilities

Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC)

U.S. Department of Health and Human Services
Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30329

2003
Updated: July 2019


Accessible version: https://www.cdc.gov/infection-control/hcp/disinfection-and-sterilization/index.html

Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008

Update: June 2024


THE REVIEW ON ANTIMICROBIAL RESISTANCE

CHAIRED BY JIM O'NEILL

MAY 2016

Thank you!!

Addressing Gender Inequalities in AMR Interventions

Dr. Tine Rikke Jorgensen

Strategic Adviser, The Globe Institute, University of Copenhagen, The Global Health Network, and Former AMR Programme Coordinator, WHO, HQ Geneva and Europe.

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Former AMR Programme Coordinator, WHO, HQ Geneva and Europe.

Addressing gender inequalities in national action plans on antimicrobial resistance




Tine Rikke Jorgensen
Strategic Advisor, The Globe Institute, University of Copenhagen and the Global Health Network, University of Oxford
Former AMR Programme Coordinator, WHO
21 November 2025

Agenda

- Global perspective of AMR
- Why is a gender lens on AMR needed ?
- National Action Plans on AMR and Gender

"“The growing threat of AMR may send us back to the time before antibiotics, when even a routine injury could kill. Already, AMR is estimated to lead to 5 million deaths every year.

“.. we can only truly address the major health challenges of our time with a One Health approach. AMR has impacts for every sector, and every sector must be engaged in the response: the public and private sectors, across health, agriculture and environment.”

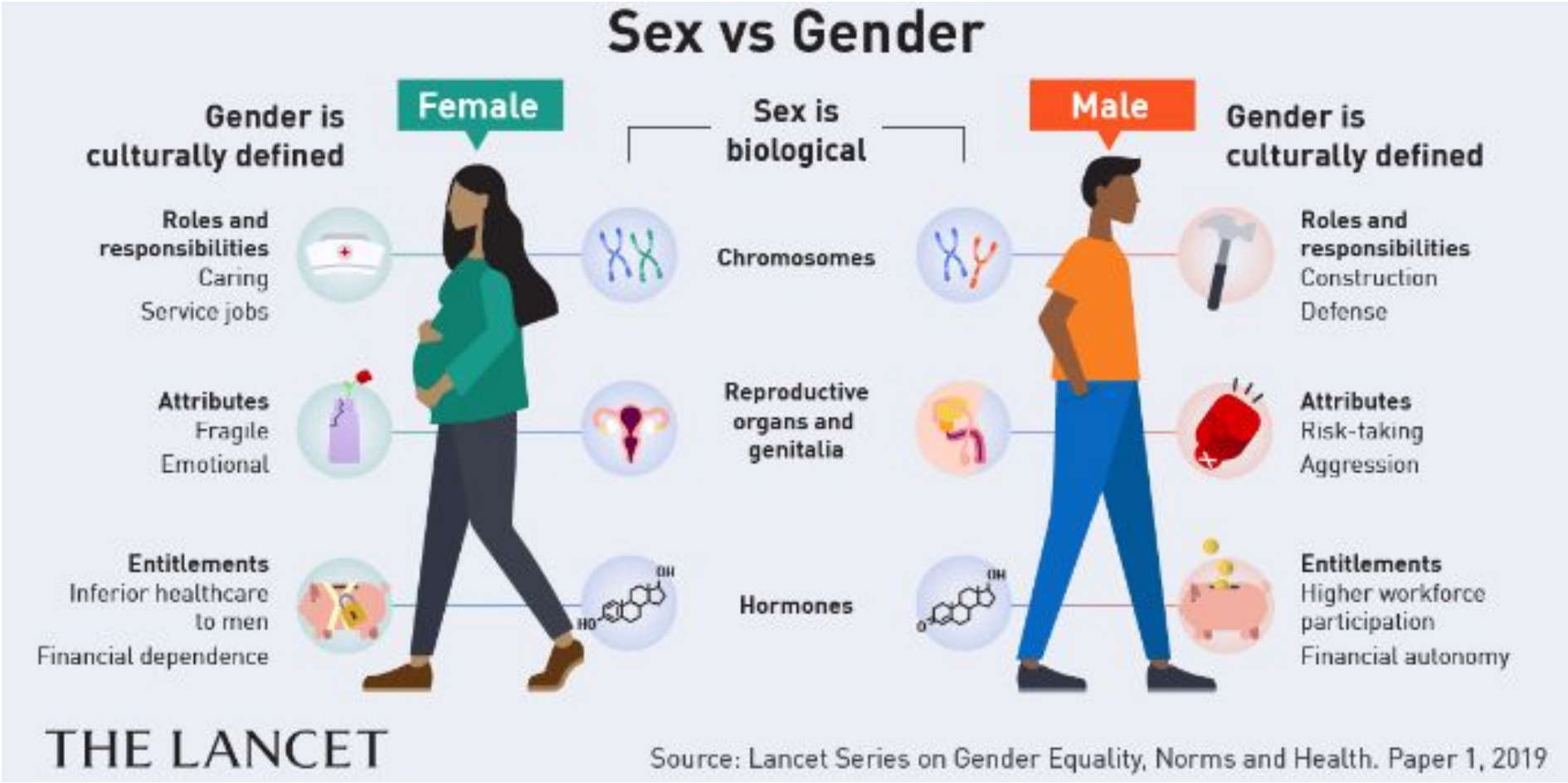
WHO objective

WHO's goal is to have antimicrobial treatments that work today and in the future.

Call for data and evidence - for action

In 2007, the World Health Assembly adopted a resolution urging Member States to "formulate national strategies for addressing gender issues in health policies, programmes and research," **to apply a gender-equality perspective in health care delivery and services, and to collect and analyse sex-disaggregated data.**

Sex vs Gender

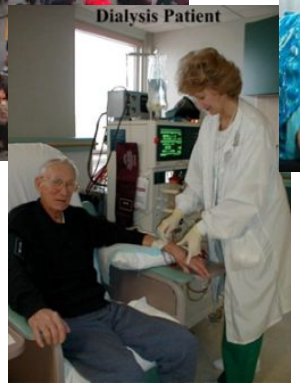


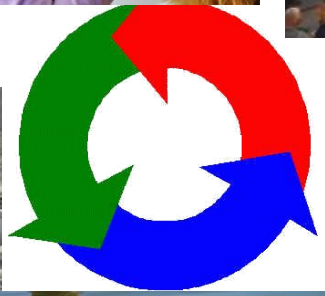
THE LANCET

Source: Lancet Series on Gender Equality, Norms and Health. Paper 1, 2019

Resistance bacteria circulate in the environment

De



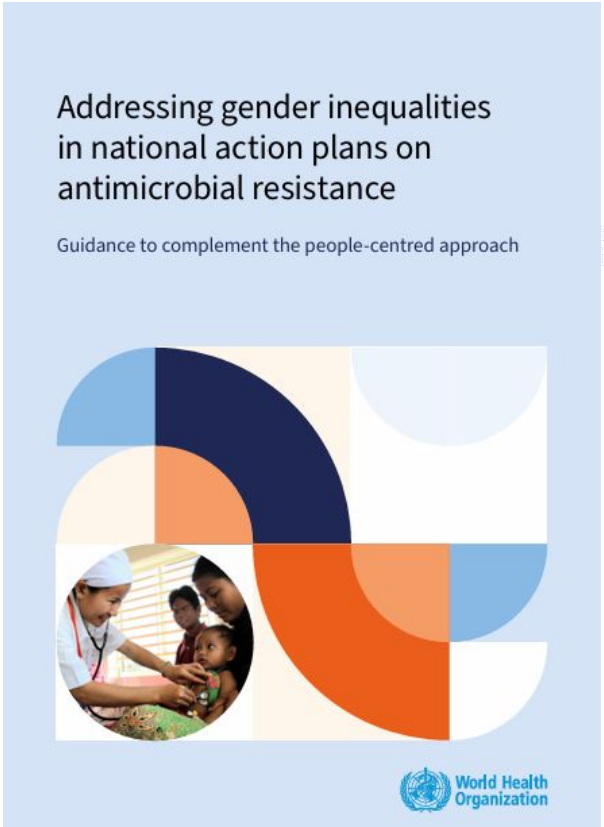


Addressing gender inequalities in AMR National Action Plans (NAPs), 16 September 2024

The guidance on how to address gender inequalities in AMR NAPs to WHO Member States, has 20 actionable recommendations.

The publication is aimed at

- identifying and addressing gender-specific vulnerabilities,
- embedding gender analysis into AMR research, and
- promoting equitable access to antibiotics.



Addressing gender inequalities in national action plans on antimicrobial resistance (who.int)

Addressing gender inequalities in AMR NAPs

Structure
20 recommendations building on a people-centered approach

3 overarching recommendation –data for action, research and gender in NAPs

5 pillars
- Governance, awareness, education and
- Data for action though surveillance and research
- Prevention
- Access to essential health services
- Timely accurate diagnosis
- Appropriate, quality assured diagnosis

[People-centred approach to addressing antimicrobial resistance in human health: WHO core package of interventions to support national action plans]

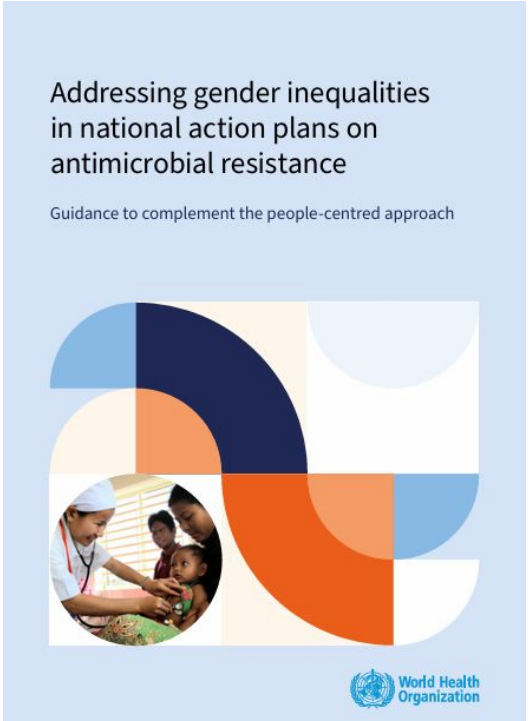
Addressing gender inequalities in AMR NAPs

A review of National Action Plans (NAPs) on antimicrobial resistance (AMR) showed **minimal attention to gender considerations**.

- Out of 145 publicly available NAPs, 125 did not mention sex or gender.
- However, on AMR research indicates that gender influences:
  - Exposure and susceptibility to infections
  - Health-seeking behaviours and access to health care
  - Patterns of antimicrobial prescribing and use

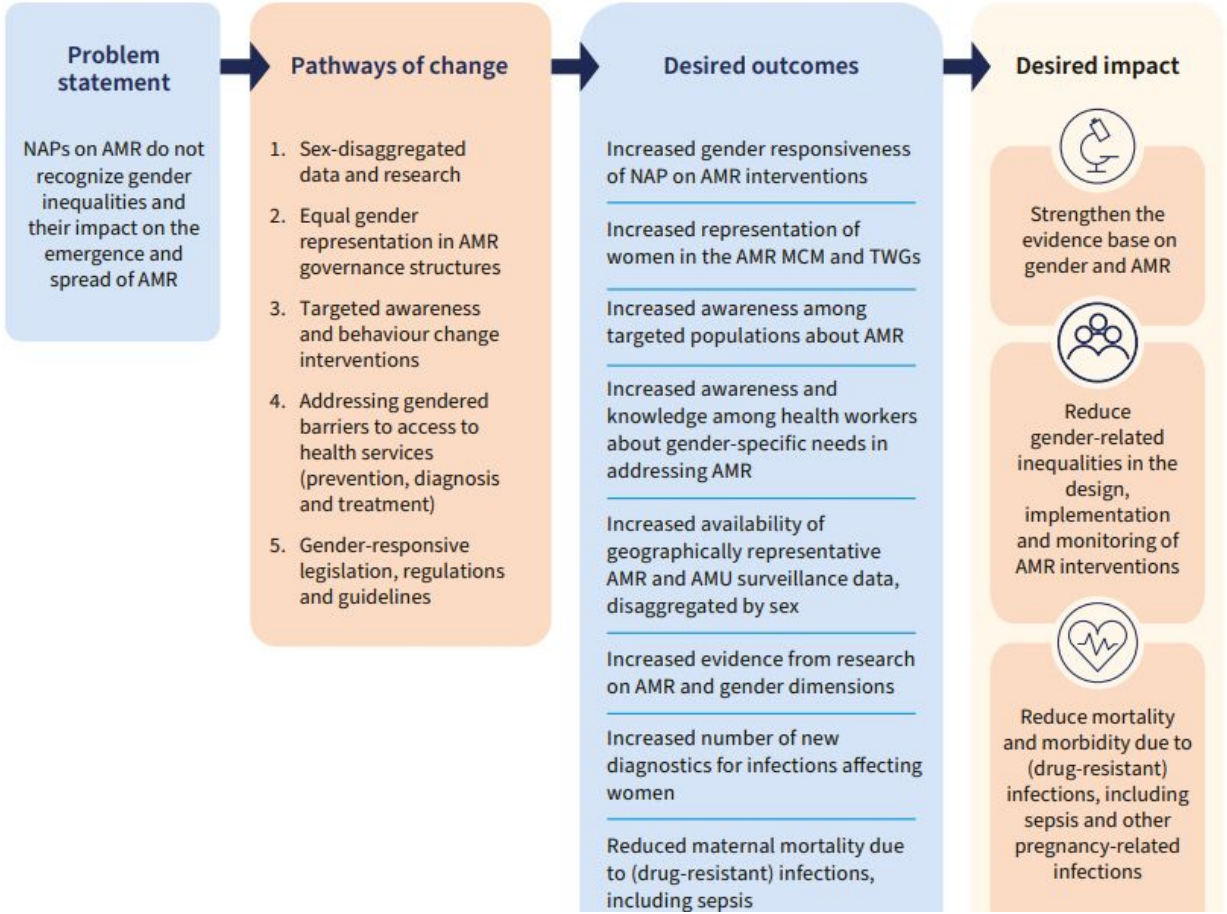
Gender may also impact who has access to resources and decision-making power for care and treatment of drug-resistant infections.

Gender disparities contribute to differences in the quality of care received and patient outcomes.



[Addressing gender inequalities in national action plans on antimicrobial resistance (who.int)]

Fig. 2. Theory of change for addressing gender inequalities in NAPs on AMR



https://iris.who.int/bitstream/handle/10665/378639/9789240097278-eng.pdf?sequence=1

Disaggregate data, gender lens review of NAPs, research

Summary of AMR and gender recommendations

Overarching

1. **Short term.** Capture and disaggregate data on AMR and surveillance of antimicrobial use and other relevant data by, at minimum, sex and age and, where feasible, other social stratifiers.
2. **Short term.** Review existing national plans or strategies in the health sector or other relevant areas and incorporate policies or actions that strive for gender equality into the national action plan on AMR.
3. **Medium term.** Promote research to strengthen the evidence base on the intersections between gender and AMR.

Call to apply a gender- equality perspective in health care delivery and services, and to collect and analyse sex-disaggregated data zooming in on AMR.

Conclusion

AMR and gender is highly relevant to WHO's goal of having antimicrobial treatments that work today and in the future.

The recent published WHO guidance support NAPs in incorporation of gender relevant lens

Continued focus and prioritization on gender is needed to ensure policies that address men and women in AMR prevention and control.


AMR stories on
WHO EURO social media

Q&A

THE GLOBAL HEALTH NETWORK

Enabling research by sharing knowledge

WORLD AMR AWARENESS WEEK

18-24 NOVEMBER

Thank You!

Thousands of global health professionals, like you, have taken part in free webinars and workshops hosted by The Global Health Network.

Your support keeps these sessions free for researchers and health workers everywhere, helping them conduct studies even in times of crisis.

Please give what you can today:
https://hub.tghn.org/support-us/donate/

AMR commitments and initiatives

– at the sub-national level in India

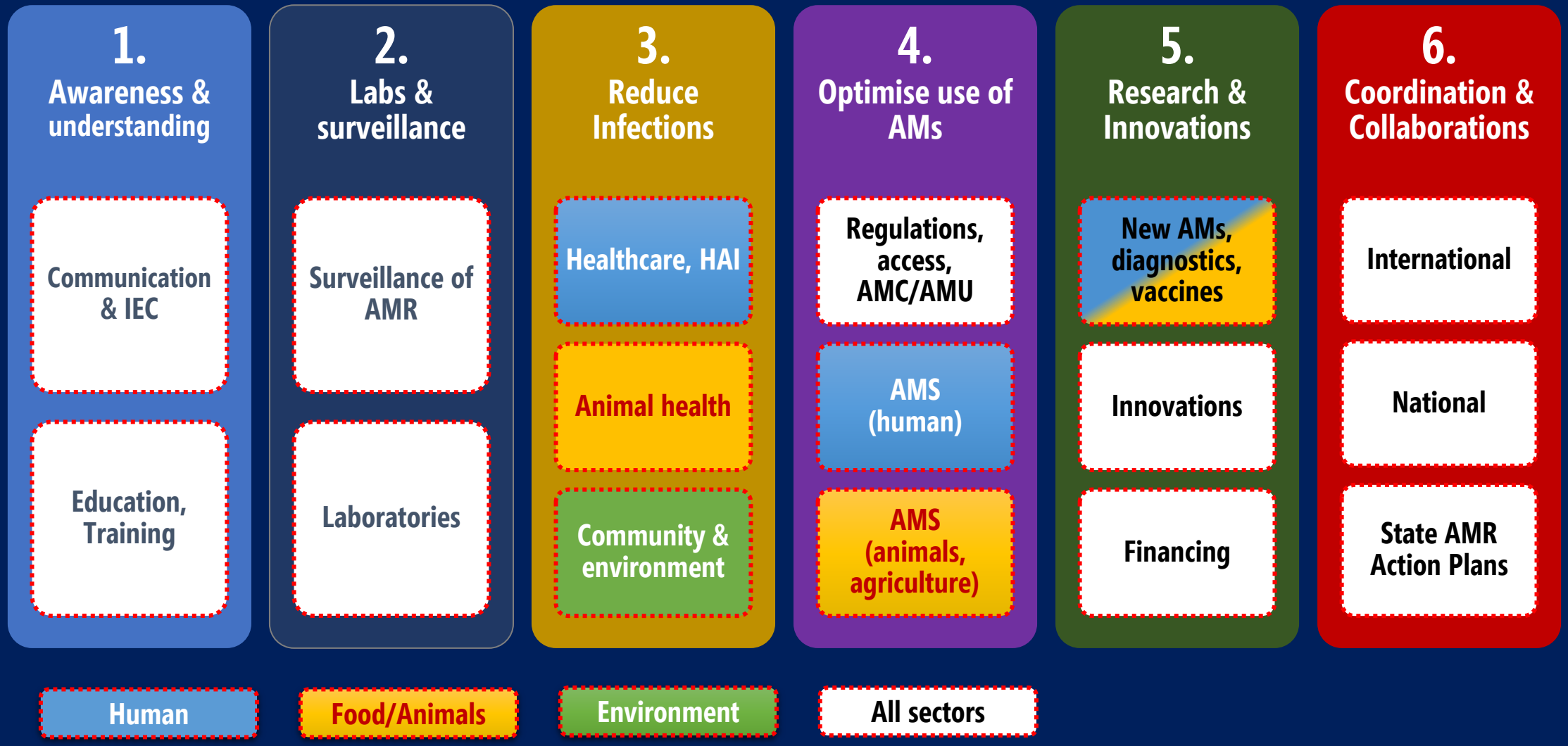
Dr Anuj Sharma
Technical Officer – AMR & IPC
WHO Country Office for India

AMR challenges – in India

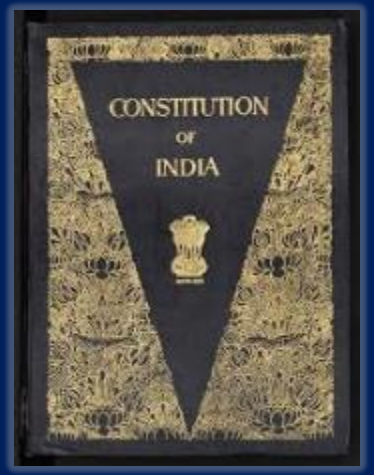
- High burden of communicable diseases; largest consumer of antimicrobials (humans)
- OTC availability of antimicrobials despite regulations, quality of AMs
- Inadequate IPC/WASH and access to quality healthcare services
- High levels of AMR, with limited representative AMR surveillance across sectors
- Low awareness about AMR amongst the public with OTC use/prescription sharing
- Inter-sectoral coordination; overuse and misuse of antibiotics – across sectors
- Prioritization of AMR in States/UTs

NAP-AMR (and SAPCAR)

NAP-AMR 2.0 launched on 18 Nov 2025



States & Union Territories in India



1. **UNION** list
   - National policy, national AMR programme, R&D, intersectoral coordination, collaborations
2. **STATE** list
   - Human health, animal health, fisheries/aquaculture, agriculture, water/sanitation (environment)
3. **CONCURRENT** list
   - Food, drugs, education

→ **SAPCAR**
(State Action Plans for Containment of Antimicrobial Resistance)

AMR & AMC surveillance

NARS-NET

National **AMR**
Surveillance **Net**work
(GLASS-AMR)

NAC-NET

National **A**ntimicrobial
Consumption **Net**work
(GLASS-AMC)

WHONET
www.whonet.org

AMC Tool
www.amu-tools.org

MAHASAR

Maharashtra **S**urveillance
of **AMR** Network

KARS-NET

Kerala **AMR**
Surveillance **N**etwork

DeNSAR

Delhi **N**etwork for
Surveillance of **AMR**

One Health AMR (GujSAR)

(Gujarat)

RajSAR

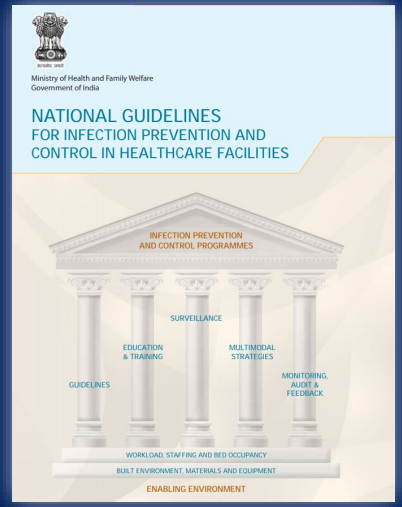
(Rajasthan)

PARS-NET

(Puducherry)

Funding support from USAID and Fleming Fund

IPC trainings



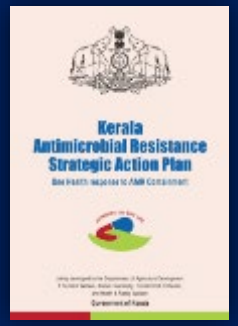
- National Guidelines for Infection Prevention and Control in Healthcare Facilities
- COVID-19 IPC trainings
- National Training of Trainers on IPC – Nov 2021; Dec 2022 (2) Sept 2023

- Kerala State IPC Plan (9 Nov 2022 /Trivandrum)
- State Trainings of Trainers on IPC (10-11 Nov 2022/Trivandrum)

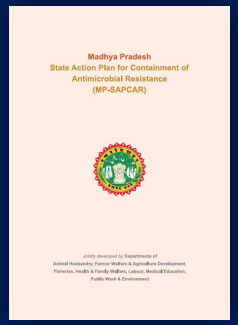
- Madhya Pradesh State IPC Plan (23-24 Nov 2022/Bhopal)
- State Trainings of Trainers on IPC (5-6 Dec 2022/Bhopal)

- State Trainings of Trainers on IPC – Chhattisgarh (13-14 Sep 2023/Raipur)
- State Trainings of Trainers on IPC – Assam (21-22 Jan 2025/Guwahati)
- State Trainings of Trainers on IPC – Maharashtra (29-30 Jan 2025/Pune & 5-6 Feb 2025/Mumbai)

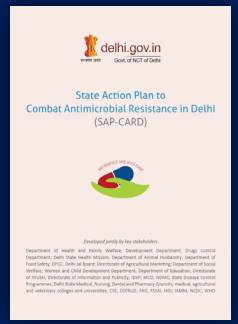
State Action Plans for Containment of AMR



KARSAP (Kerala Antimicrobial Resistance Strategic Action Plan) 25 Oct **2018**



SAP-CARD (State Action Plan to Combat AMR in Delhi) 3 Jan **2020**



MP-SAPCAR (Madhya Pradesh State Action Plan for Containment of AMR) 26 Jul **2019**

Kerala government – AMR firsts

Kochi Declaration on One Health Action on AMR

- First SAPCAR – Oct 2018
- AMRITH (AMR in Total Health) programme – no OTC – INR 1,200 crores savings
- AWaRe-based reporting of AST
- Antibiotic Smart Hospitals
- State Pollution Control Board – Environmental AMR Lab – AMR/AM residues
- PROUD – Programme for Return of Unused Drugs
- Antibiotic-literate Kerala – Malayalam, district/block committees, ASHA
- One Health programme – World Bank support

Regional SAPCAR workshop

South region, Kochi | 31 Jan – 1 Feb **2020**

Colloquium on State Action Plans on AMR

ReAct-WHO-WAP | New Delhi | 14 Mar **2022**

National Workshop on Development and Implementation of State Action Plans on AMR

CSE-WHO | AAETI, Neemli | 8–10 Aug **2022**

SAPCAR

AP-APCAR (**Andhra Pradesh** Action Plan for Containment of AMR) 27 Jun **2022**

S-SAPCAR (**Sikkim** State Action Plan on Containment of AMR) 12 Jan **2024**

SAPCAR-G (State Action Plan for Containment of AMR in **Gujarat**) 15 Jul **2024**

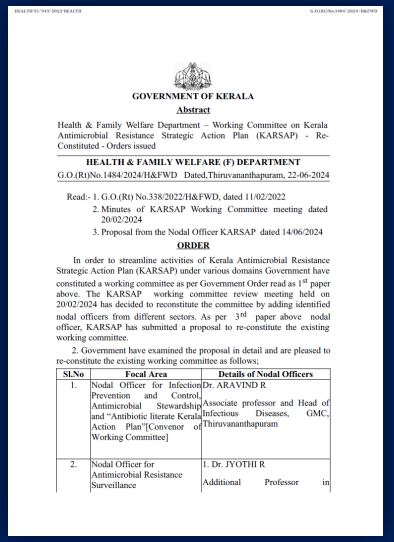
RAPCAR (**Rajasthan** Action Plan for Containment of AMR) 21 Nov **2024**

SAPCARs

- Punjab SAPCAR – 15 Sep 2025
- SAPCARs drafted
  – Maharashtra, Karnataka, West Bengal …
- State SAPCAR workshops
  – Bihar, Chhattisgarh, Haryana, Manipur, Meghalaya, Puducherry, Tamil Nadu, …

Best practices from sub-national level

- Oversight and prioritization by policy makers – Kerala, Karnataka …
  – Kochi Declaration (Kerala), *Bhopal Ghoshna patra (Madhya Pradesh)*
- Stewardship by advisors / influencers – Kerala, Karnataka, Andhra Pradesh …
- Designated AMR focal points – Kerala, Gujarat, Andhra Pradesh, Maharashtra …
- AMR governance committees / monitoring of SAPCAR – Kerala …
- AMR surveillance networks → programmes – Maharashtra, Kerala, Delhi, Gujarat …
- State IPC trainings/plans → programmes – Kerala, Madhya Pradesh, Assam, Maharashtra …



GOVERNMENT OF KERALA

Abstract

Health & Family Welfare Department – Working Committee on Kerala Antimicrobial Resistance Strategic Action Plan (KARSAP) - Re-Constituted - Orders issued

HEALTH & FAMILY WELFARE (F) DEPARTMENT

G.O.(Rt)No.1484/2024/H&FWD Dated,Thiruvananthapuram, 22-06-2024

Read:- 1. G.O.(Rt) No.338/2022/H&FWD, dated 11/02/2022
2. Minutes of KARSAP Working Committee meeting dated 20/02/2024
3. Proposal from the Nodal Officer KARSAP dated 14/06/2024

ORDER

In order to streamline activities of Kerala Antimicrobial Resistance Strategic Action Plan (KARSAP) under various domains Government have constituted a working committee as per Government Order read as 1st paper above. The KARSAP working committee review meeting held on 20/02/2024 has decided to reconstitute the committee by adding identified nodal officers from different sectors. As per 3rd paper above nodal officer, KARSAP has submitted a proposal to re-constitute the existing working committee.

2. Government have examined the proposal in detail and are pleased to re-constitute the existing working committee as follows:

Sl.No	Focal Area	Details of Nodal Officers
1.	Nodal Officer for Infection Prevention and Control, Antimicrobial Stewardship and "Antibiotic literate Kerala Action Plan"[Convenor of Working Committee]	Dr. ARAVIND R Associate professor and Head of Infectious Diseases, GMC, Thiruvananthapuram
2.	Nodal Officer for Antimicrobial Resistance Surveillance	1. Dr. JYOTHI R Additional Professor in

Key AMR stakeholders in India

State Govts. and UTs

- **Health & Family Welfare** – **NCDC**, DHR/**ICMR**, CDSCO, **FSSAI**, NHM
- **Ministry of Fisheries, Animal Husbandry & Dairying** – **DAHD**, DoF
- **Agriculture and Farmers Welfare** – DARE/**ICAR**
- **Environment Forest & Climate Change** – CPCB

NITI Aayog, **PSA** Office

Professional councils – NMC, VCI, PCI, NCI, DCI

Medical colleges/hosp.

Veterinary colleges/hosp.

Professional associations & civil society/NGOs

Research organizations

- Science and Technology – DBT, DST, CSIR
- Commerce & Industry – QCI (NABH, NABL)
- Chemicals & Fertilizers – Pharmaceuticals
- Drinking Water and Sanitation
- AYUSH
- Consumer Affairs, Food & Public Distribution
- Food Processing Industries
- Information and Broadcasting
- Education
- Finance; External Affairs
- Defence; Railways; Labour (ESI)

Private sector

Students

Quad-Tri-partite (FAO-UNEP-WHO), donors, partners

AMR is Everybody's Business!

Act Now:
Protect Our Present.
Preserve Our Future.

Stakeholders – Governments at all levels (policy makers), technical experts, public, farmers, researchers, professional associations, industry, civil society/NGOs

Influencers & AMR champions

Sectors – human health, animal health, food, agriculture, environment, pharma

Disciplines – clinicians, nursing, pharmacy, microbiology, public health, regulators

Facilities – hospitals, veterinary hospitals, farms, fisheries, dairies

6 strategic priorities: GAP-AMR, NAP-AMR, SAPCAR

It's time to mainstream AMR in all programmes