



### New Zealand Antimicrobial Resistance Action Plan

Year one progress report

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### Introduction

New Zealand's Antimicrobial Resistance Action Plan (the Action Plan) was jointly developed by the Ministry of Health, Ministry for Primary Industries and representatives from across the human health, animal health and agriculture sectors. The Action Plan draws on the findings from the report *Antimicrobial Resistance: New Zealand's current situation and identified areas for action*, which was released earlier this year.

This Action Plan delivers on the World Health Organization (WHO) requirement for all countries to have an action plan to address the challenges that antimicrobial resistance (AMR) presents to our human health, animal health, welfare and production. To read the original plan, go to: www.health.govt.nz/publication/new-zealand-antimicrobial-resistance-action-plan

This progress report shows that the first year against the Action Plan has focused largely on establishing coordinating and governance functions and additional scoping where required. These activities have been progressed by ongoing engagement across Ministry of Health and Ministry for Primary Industries objective leads. This work to establish robust governance processes and align operational principles has been essential groundwork for implementing the Action Plan.

The Action Plan is a living document. As a result of the additional scoping and updating, and in line with available resourcing and progress made, some activities have been consolidated or shifted to outlying years. Others have been shifted to 'ongoing' status as this more accurately reflects the nature of the subject matter or where external factors impact the timeframes. For a summary of this activity, go to the Ministry of Health website: www.health.govt.nz/our-work/diseases-and-conditions/antimicrobial-resistance/new-zealand-antimicrobial-resistance-action-plan

# Progress towards objectives

This section identifies progress made in year one towards the five objectives of the Action Plan. It also notes any adjustments made to the original Action Plan over this period.

## Objective 1 Awareness and understanding

Improve awareness and understanding of antimicrobial resistance through effective communication, education and training

#### Human health, animal health and agriculture

The development of a National Antimicrobial Resistance Communications Plan for year two is on track. It is informed by a stakeholder engagement matrix and a calendar of key AMR-related events, both of which were developed in consultation with key stakeholders and partners across human health, animal health and agriculture.

The Ministry of Health and Ministry for Primary Industries worked together to promote World Antibiotic Awareness Week in November 2017. They developed key messages for New Zealand stakeholders and partners across human health, animal health and agriculture, consolidating available resources on the Ministry of Health website and using new channels such as participation in a live global Twitter Chat coordinated by the European Centre for Disease Prevention and Control. The Ministry for Primary Industries used the week to raise awareness of antibiotic resistance in animals among vets and farmers.

#### Human health

Three year-one activities have been completed. They relate to: identifying the drivers of antimicrobial consumption in human health (Priority action area 1, activity 5); and expanding the promotion of World Antibiotic Awareness Week 2017 (Priority action area 1, activity 6 and Priority action area 2, activity 1).

Two year-one activities (Priority action area 2, activities 2 and 3) have strong antimicrobial stewardship themes and overlap with work in Objective 4. For this reason, the year one activities 2 and 3, as well as years two to five activities 5 and 6 have been merged and moved to Objective 4 for years two to five.

The content on the Ministry of Health website continues to be updated as appropriate. Work is also ongoing with Health AMR Coordination Group members to engage with media outlets and enhance understanding of AMR.

#### Animal health and agriculture

The Ministry for Primary Industries has completed a map of stakeholders and what activities they are undertaking to address AMR. This map will be used to coordinate messaging, engage with stakeholders on specific matters and provide a forum for proactive messaging. It will also be used to maintain a watching brief on their activities.

### **Objective 2 Surveillance and research**

# Strengthen the knowledge and evidence base about antimicrobial resistance through surveillance and research

#### Human health

Changes have been made to the list of priority organisms for surveillance and reporting. This list will continue to be reviewed periodically taking into account international guidance and the New Zealand context.

A stocktake of current surveillance information identified the need for more coordinated reporting. Baseline information on antimicrobial consumption in hospitals has been collated and community consumption information has been reported to the WHO. In the coming year, the Ministry of Health's Communicable Disease Team is undertaking a review of wider surveillance systems to ensure they are fit for purpose. This work will include the opportunity to further review and integrate AMR surveillance.

A guideline has been developed for responding to carbapenemase producing Enterobacteriaceae (CPE) and emerging multi-drug resistant organisms (MDRO). This guideline outlines the requirements for an enhanced surveillance programme including screening, laboratory identification, surveillance and critical resistance alerts. Implementation of the CPE and emerging MDRO guideline is being integrated into year two and years three to five activities.

The National Antimicrobial Testing Committee has been established to provide expert advice to New Zealand diagnostic laboratories and to further the collaboration and sharing of skill development in the area of antimicrobial susceptibility testing within New Zealand.

#### Animal health and agriculture

The follow-up survey to the 2009 survey on bacteria sensitivity to antibiotics in animal commodities is under way. The survey protocol has been modified by carrying out testing on animal species over a two- to three-year period rather than over a one-year period. The first species tested will be poultry.

The collection period for antibiotic sales information has been changed to match the equivalent report that countries with the World Organisation for Animal Health (OIE) make to the OIE. This change is reflected in the Ministry for Primary Industries 2014–2016 report on annual sales, which will be released in the near future.

The gap analysis for Priority action area 6, activity 3 was completed in 2017.

Some activities have been carried over to years two to five, such as Priority action area 5, activities 4 and 5.

# **Objective 3 Infection prevention and control**

Improve infection prevention and control measures across human health and animal care settings to prevent infection and transmission of microorganisms

#### Human health

Later this year, HealthCERT will begin a comprehensive review of the New Zealand health and disability standards. Part of this work will involve a review of the infection prevention and control component of these standards. Ahead of the consultation process, a subgroup of the Health AMR Coordination Group (HARC) is already doing the initial work of identifying areas that could be strengthened.

A guideline for responding to CPE and MDRO has been developed. The guideline outlines the requirements needed to respond effectively and quickly to this emerging MDRO and includes infection prevention and control activities that health care facilities can use, such as screening, environmental risks and cleaning. Implementing this guideline will be an activity in years two and three. Initial discussion with the Ministry of Education has helped

with understanding how the current school curriculum covers infection prevention and control and AMR. Years two and three will build on this information and how to engage with education to strengthen work in this area.

#### Animal health and agriculture

The Ministry for Primary Industries is using its Antimicrobial Resistance Co-ordination Group, which is made up of representatives from industry sectors and bodies, representatives of government agencies and researchers, to facilitate a number of activities. This includes supporting industry initiatives in this area, such as the work on prudent use and antimicrobial stewardship programmes. The work with these groups will be ongoing. The Ministry for Primary Industries is also using its networks such as those in OIE to monitor international trends.

The gap analysis for Priority area 11, activity 1 was completed in 2017. Some activities, such as Priority action area 7, activities 2 and 3, will continue until year two.

## Objective 4 Antimicrobial stewardship

Optimise the use of antimicrobial medicines in human health, animal health and agriculture, including by maintaining and enhancing the regulation of animal and agriculture antimicrobials

#### Human health

As for Objective 3, HealthCERT's full comprehensive review of the New Zealand health and disability standards, due to begin later in 2018, will include a review of the infection prevention and control component of these standards and will also consider relevant stewardship aspects. Ahead of the consultation process, a subgroup of HARC is already doing the initial work of identifying areas that could be strengthened.

A stocktake of antimicrobial stewardship services has been completed. Discussions have begun to investigate coordinating regional antimicrobial prescribing guidance, which includes considering whether to shift to a national guide.

Scoping activity has aimed at improving understanding of the best measures for antimicrobial consumption in both hospitals and the community and point prevalence studies in hospitals and aged residential care facilities. Work is now under way to explore options for routinely implementing and disseminating results from daily dose equivalence and point prevalence studies. Agreement has been achieved for implementing a Health Quality & Safety Commission Atlas of Variation on community antimicrobial use.

Data analysis work is under way to better understand prescribing practice by prescriber type. PHARMAC has completed an evaluation of equity of access to antimicrobials; also completed is a literature evaluation to investigate inequities in antimicrobial prescribing and care.

Priority action area 15, activities 1 to 3 have been shifted to years three to five. The reason for doing so is that these activities fall under the remit of the Therapeutic Products Bill work programme and its timeline is outside the control of this AMR work programme.

#### Animal health and agriculture

The Ministry for Primary Industries has begun a review of information requirements and controls on antimicrobials.

It has completed its prudent use directive. This umbrella document sets out expectations for all parties as they develop their own prudent use guidance.

The Veterinary Council of New Zealand is currently reviewing its code of professional conduct section on veterinary medicines, which includes AMR management for antimicrobials. The review is nearly complete, but if necessary will continue as a year two activity.

The Ministry for Primary Industries has begun to reassess antimicrobials for the purpose of reviewing their controls and labelling based on categories established for antimicrobials of importance to human health. This will be an ongoing activity.

# Objective 5 Governance, collaboration and investment

Establish and support clear governance, collaboration and investment arrangements for a sustainable approach to countering antimicrobial resistance

#### Human health, animal health and agriculture

Year one has seen the establishment of coordination and governance structures across human health, animal health and agriculture to support implementation and oversight of the Action Plan. These structures will be reviewed in each of the years two to five to ensure they are fit-for-purpose and effective.

The Primary Industries AMR Coordination Group, which was established before the Action Plan, continues to meet every four months. It is a forum where regulators (Ministry for Primary Industries and Veterinary Council of New Zealand) and representative groups, including the New Zealand Veterinary Association, may share information and coordinate activities.

A Health AMR Coordination Group was established in 2017 to provide a forum in which government agencies and representative health professional bodies, agencies and organisations with a stake in AMR can share information and expertise, and coordinate activities. The HARC Group meets every four months, with subgroups focused on specific objectives supporting work between meetings.

The New Zealand AMR Governance Group was also established in 2017. It meets every four months to oversee and provide advice on the implementation of the Action Plan, as well as alignment between the Ministry of Health and Ministry for Primary Industries. Members of the group are Deputy Directors-General responsible for the Action Plan from both the Ministry of Health and Ministry for Primary Industries (co-chairs), Chief Science Advisors from both organisations and a representative from each of the Health and Primary Industries AMR Coordination Groups.

The Ministry of Health and Ministry for Primary Industries agreed on leads for each objective in the Action Plan in 2017. These leads meet every four months after the Health and Primary Industries AMR Coordination Group Meetings to discuss progress and agree on key decisions to go forward to the New Zealand AMR Governance Group.

As staff are able, business cases have been developed to support relevant activities in the Action Plan. Because this work will continue throughout the Action Plan timeframe, it has been moved to an ongoing activity for years two to five.

Finally, opportunities for international collaborations and engagement across the human health, animal health and agricultural sectors have been identified and in some instances they have been followed up. These opportunities include work with: the Australian Department of Health, and Department of Agriculture and Water Resources; the WHO; Codex Alimentarius; and OIE. This important work of strategically planning engagement and building on these collaborations will be an ongoing activity for years two to five of the Action Plan.

### Conclusion

It is important to acknowledge the hard work and efforts of the many groups and individuals aimed at minimising the threat of antimicrobial resistance to human, animal and plant health. This One Health, multisectoral and holistic approach is crucial to New Zealand's ability to manage antimicrobials as a valuable shared resource and maintain their efficacy so they can be used to treat infections in humans, as well as to manage diseases in animals and plants.