

Phases of Implementation

Phase 1: Exploration and Adoption

The country initiates design of a programme to combat Antimicrobial Resistance (AMR). Activities to aid in its implementation may include: the identification of needs, options and resources; the identification of potential barriers; investment in systems; and/or the identification of structures (both in policy making and implementation frameworks).

Phase 2: Programme Installation

The country decides to implement an AMR programme after completing a set of core activities. The country is focused on the development of structures and the allocation of resources to implement the AMR programme with the potential to scale nationally.

Phase 3: Initial Implementation

The country initiates an AMR prevention and control programme at the national level. During this phase, a functional model of the AMR programme is developed, but in limited scale.

Phase 4: Full Operation

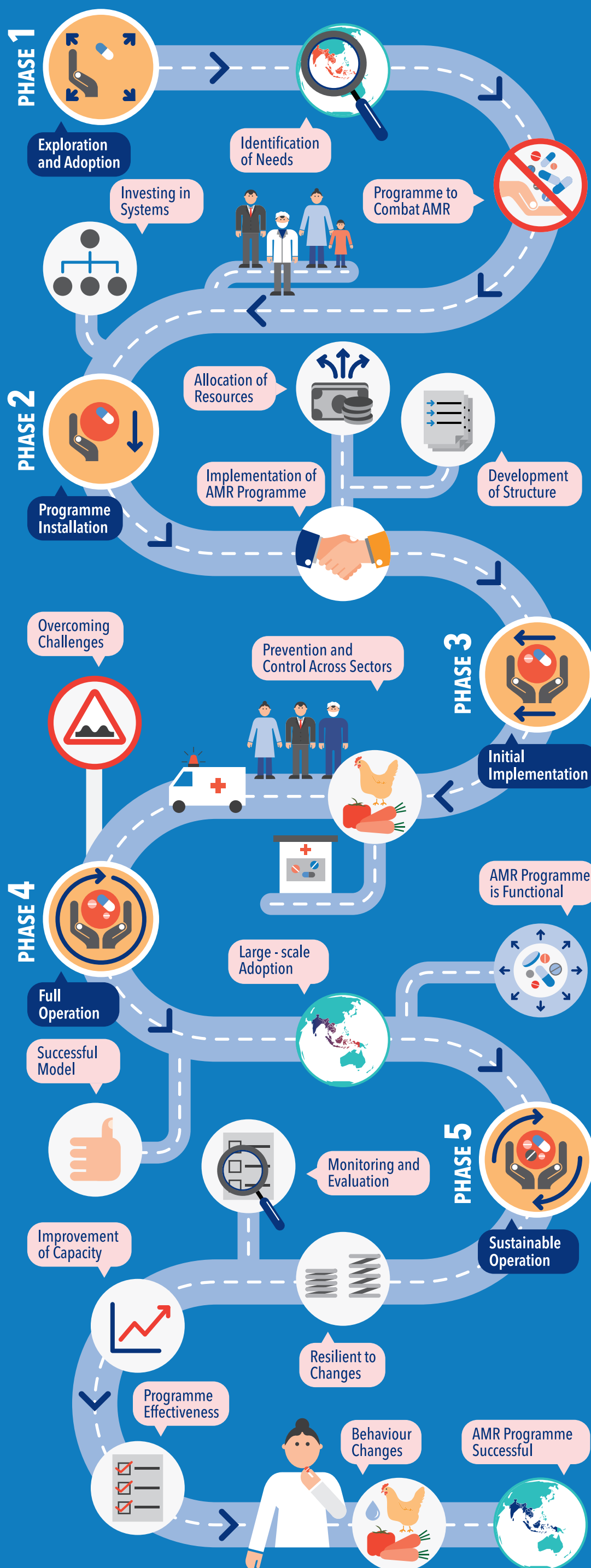
The country scales up to a successful model of an AMR programme that utilizes accepted prevention and control practices. Further, there is nation-wide or large-scale adoption of the programme. There is evidence that the AMR programme is functional and regularly generating outcomes.

Phase 5: Sustainable Operation

The country operates its AMR programme efficiently, and there is indication of programme sustainability. The programme is resilient to changes and other external factors. Through monitoring and evaluation mechanisms, there is systematic improvement of capacity. Indicators for programme effectiveness in human and animal sectors are developed, which may also be used to assess AMR resistance trends, antimicrobial use trends, and behaviour changes in the community and amongst practitioners.



ROADMAP FOR ACTION ON ANTIMICROBIAL RESISTANCE



Resolutions and Declarations

2010: Regional Committee (RC) for South-East Asia Region (SEAR) endorses the *Regional Strategy for Prevention and Containment of Antimicrobial Resistance (AMR)* in the Region [SEA/RC64/R5].

2011: *Jaipur Declaration* – SEAR Health Ministers adopt the *Jaipur Declaration on AMR*.

2014: AMR becomes one of seven key flagship priorities for the WHO-SEAR.

2015: World Health Assembly (WHA) adopts Resolution 68.7 to develop a Global Action Plan (GAP) to combat AMR.

2015: Regional Committee for SEAR reviews WHA Resolution 68.7 and Member States commit to implementing National Action Plans (NAPs) in accordance with the GAP and SEAR priorities [SEA/RC68/R3].

2016: During the *Combating AMR: Public Health Challenge and Priority* conference in New Delhi in February, Member States outline a roadmap identifying key elements for converting the GAP-AMR into NAPs.

2016: *Tokyo Communique* – Launch of *Asia-Pacific One Health Initiative on AMR* reaffirms commitment to ending AMR and emphasizes a coordinated, multi-sectoral “One Health” approach.

2016: During the *United Nations General Assembly, AMR High-Level Meeting*, countries focus on mobilizing necessary technical and financial resources across sectors for implementation of the WHO GAP on AMR by all countries.

Priority Areas

Improving awareness and understanding of AMR

Strengthening surveillance in human health, animal health and agriculture sectors

Strengthening infection prevention and control (IPC) practices in healthcare facilities

Promoting rational use of antimicrobials across sectors

Promoting investments in AMR and related research