



Introduction

Australian response to AMR

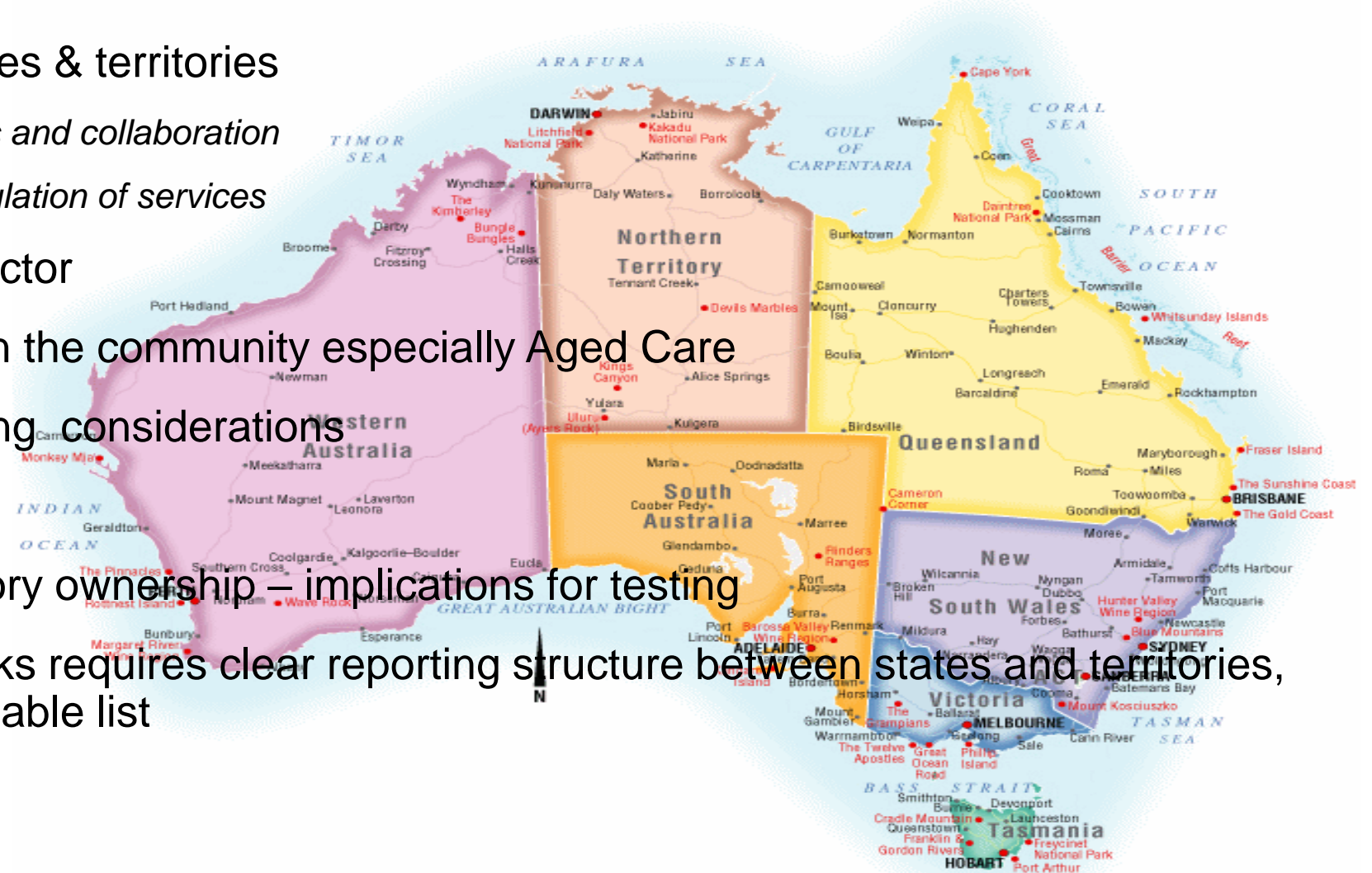
Past, present , future

Professor Marilyn Cruickshank
Director National HAI Program



▶ Limitations for AMR in Australia

- Impact of federation of states & territories
 - *decisions are by consensus and collaboration*
 - *plurality of funding and regulation of services*
- 44% hospitals in private sector
- AMR and AU also occurs in the community especially Aged Care
- Data collection and reporting considerations
- Since 2011, still some silos
- Increase in private laboratory ownership – implications for testing
- Response to AMR outbreaks requires clear reporting structure between states and territories, esp organisms not on notifiable list





AMR Summit

Australia's response to AMR

Australian Minister for Health

Australian Minister for Agriculture & Water Resources

States and territories

National AMR Strategy
2015 - 2019

ACSQHC
AURA Surveillance System
Healthcare-associated infection
Hand hygiene
Antimicrobial stewardship
Infection control guidelines

Antimicrobial Resistance Prevention and Containment Steering Committee

Commonwealth

Australian Scientific Technical Advisory Group



Establish or use existing AHMAC processes for formalised national planning and response for AMR.

- Ability to advise on, and report to, at a national level on AMR-related matters and the AMR implementation plan
- Provide policy and advisory roles (data analysis, guidelines, policy and advice on emerging issues)
- The process should ensure sufficient seniority to set priorities, and authority to commit jurisdictions to cooperative action.