



The goals outlined below have been identified by ASID and ASA and our animal health experts, as our top priority effective actions against Antimicrobial Resistance (AMR). Participants and organisations are requested to consider the overarching priorities and the actionable goals under each of the four strategic pillars to address AMR. By the end of the day we hope to agree on the priorities, those responsible to implement them and on targets at one, three and five years by which to measure success.

Overarching key priority actions on AMR

1. The Council of Australian Governments should formally designate antimicrobial resistance (AMR) as a major national human and animal safety issue.
2. Australia should, as a priority, develop a central cross-jurisdictional authority to coordinate and manage national AMR control activities, including AMR surveillance, key control interventions and guidelines, targeted research, and to inform national AMR strategy and policies.

Strategic Pillar 1: Improve Infection Prevention and Control

Goal	Action	Who
1	Facilitate national adoption of the WHO Core Components of Infection Prevention & Control (IPC) to enhance and focus national IPC initiatives as a key AMR control strategy	Council of Australian Governments
2	Establish a national coordinated hospital-acquired infection (HAI) surveillance program that allows Australia to accurately report on the epidemiology of HAI infection and associated AMR for direct action	To be discussed
3	Enhance and refocus national IPC initiatives for both human and animal health so that they become a key AMR control strategy	To be discussed

Strategic Pillar 2: Practical Antimicrobial Stewardship

The problem: Our knowledge about antimicrobial use is greatest in
Hospital>community>animal

Aims: Reduce unnecessary antimicrobial use and optimise use in situations where required

Goal	Action / Targets	Time frame	How/Who
1	Fall in Ab usage in community/ to OECD average	Within 5 years (PBS data)	To be discussed
2	National prescribing guidelines (TG) available in all GP clinics and linked to accreditation	Within 1 year	Accreditation in GP, government subscription on behalf of GPs
3	National prescribing guidelines for vets disseminated to all practices	Within 1 year developed, within 3 years disseminated	To be discussed
4	Quality based audit and feedback of antimicrobial use in GP – e.g. appropriateness	Within 3 years	Needs to be developed
5	Data on antimicrobial use in higher livestock industries (pigs and aquaculture) – volume, type, timing, indication to facility level (?coupled to resistance data via targeted sampling)	Within 5 years	Needs to be developed
6	Appropriate use of antibiotics in hospitals (PPS)/ surgical prophylaxis duration <24 hrs	Within 2 years	PPS appropriateness: >80%, Surg Px duration <24 hrs: >80%

Strategic Pillar 3: Improving Surveillance and outbreak response

Goal	Action/ Target	Who
1	Human and non-human AMR surveillance be integrated under a single surveillance authority and linked to implementation arm	To be discussed
2	All Australian labs to move to a single susceptibility testing system	ASID/ASA
3	Strengthen processes for managing multi-facility/multi-jurisdictional/community outbreaks of multi-resistant organisms	Health depts of Commonwealth and States/Territories



Strategic Pillar 4: Research and Development

Goal	Action	Who/How
1	Support research AMR as a high national priority for human and animal health and safety	NHMRC and MRFF
2	Align research and development priorities to the strategic pillars: 2.1 Antibiotic preservation (decrease inappropriate use and increase stewardship, infection control measures) 2.2 Antibiotic and novel diagnostic development (new agents, tests) 2.3 Maintain antibiotic supply (preventing antibiotic shortages, new models for antibiotic manufacturing and supply) 2.4 Link AMR Surveillance with outbreak response	To be discussed
3	Emphasis on transparency and cross-sector and cross-jurisdictional collaboration and coordination for research and development efforts	To be discussed