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# **Opportunities and challenges to tackle antimicrobial resistance (AMR) in long-term care facilities (LTCFs) for the elderly with evidence-informed policy-making**

## **Bi-Regional (Africa & Asia) AMR Policy Workshop**

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14th April 2022

# Slovenia - a partner/pilot country in the EVIPNet WHO European region



I FEEL SLOVENIA



# **Situation in LTCFs, Slovenia (pre-COVID)**

- **high residents' number:  $\approx$ 100 LTCFs,  $\approx$ 20,000 elderly,  $\approx$ 200 beds on average**
- **difficult to introduce infection prevention and control measures, weak antimicrobial stewardship, low use of microbiology tests**
- **higher infection rates in elderly residents**
- **to treat residents with complications caused by infections, physicians often prescribe broad-spectrum antibiotics (co-amoxiclav, fluoroquinolones) with strong AMR selection potential, problem with resistant pathogens colonization.**

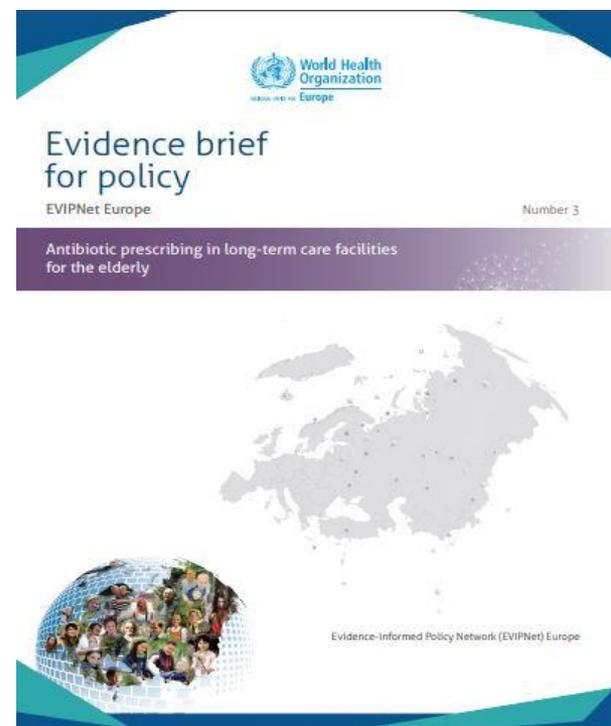
# Tackling AMR in long-term care facilities

- **AMR and LTC high-priority policy issue.**
- **use of Evidence brief for policy (EBP) to present research evidence to decision-makers**
- **synthesis of best available local and global research evidence that captures key information on AMR in LTCFs to present evidence-informed options for decision-makers**
- **contextualizing evidence and addressing implementation considerations**
- **strengthening evidence informed policies capacity in Slovenia for better LTC and outcomes in elderly.**



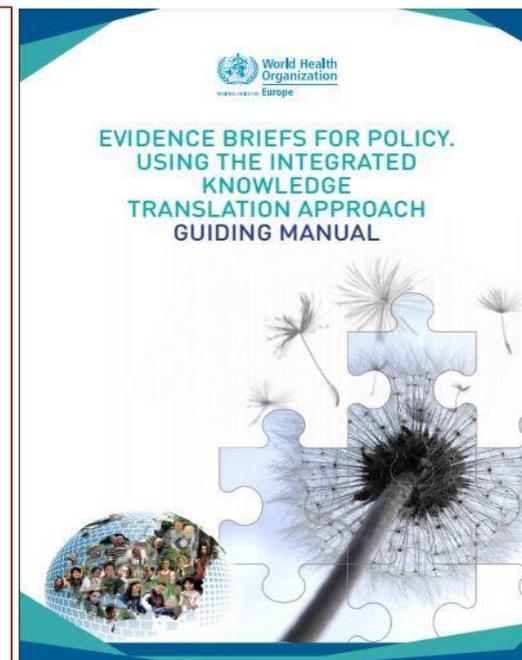
# EBP – Antibiotic prescribing in LTCFs for the elderly in Slovenia

- **Multidisciplinary working group: infectious disease/public health specialists**
- **EVIPNet WHO EURO Secretariat: guidance, capacity building, technical support**
- **WHO Country Office: professional encouragement, administrative/logistics/ financial support**
- **Support and participation of the MoH.**



# Evidence briefs for policy guiding manual

- **Capacity-building to prepare for and develop an evidence brief for policy (EBP) and to ensure its uptake.**
- **Principles, directions and pathways to promote the use of evidence informed policies.**
- **EBP more effective when integrated as part of full knowledge translation to support transparent/systematic use of research evidence in policy.**





# Objectives of EBP

- **To promote evidence-informed health policymaking to combat AMR in Slovenia**
- **To search for evidence by a systematic literature review (recent, locally applicable, equity aspect)**
- **To inform antimicrobial stewardship strategies for prudent antimicrobial use in LTCFs**
- **To propose options to improve AMR in LTCFs (cornerstones of AMS programs, address most aspects of AMR, effective, adapted to health-care)**

# Options to address AMR in LTCFs

- **Surveillance/monitoring of AB use and AMR.**
- **Development and implementation of guidelines for diagnosing and treating infections.**
- **Education and providing health information.**



# Policy dialogue organisation

- **Ministry of Health (MoH), Nov 2018**
- **Coordinators nominated by MoH (information, communication)**
- **WHO EURO EVIPNet and AMR programme: guidance, capacity building, technical support**
- **WHO Country Office: professional encouragement, administrative/logistics support**
- **NIPH: organizational support**



# Policy dialogue facilitation

- **PD facilitators: appointment based on their AMR seniority and championship and high-level role/influence and experiences in dialogue with decision-makers**
- **Multidisciplinary / multisectoral participants (primary care, ID/PH specialists, nursing, LTC, health insurance, social sector) – senior/high-level participants**
- **Facilitators ensured effective/open discussion for all participants.**



# Policy dialogue report



- Optimization of antimicrobial prescribing in LTCFs.

Domov > Področja dela > Nalozitveni bolezni > Dialog o politikah za optimizacijo predpisovanja antibiotikov v domovih starejših občanov

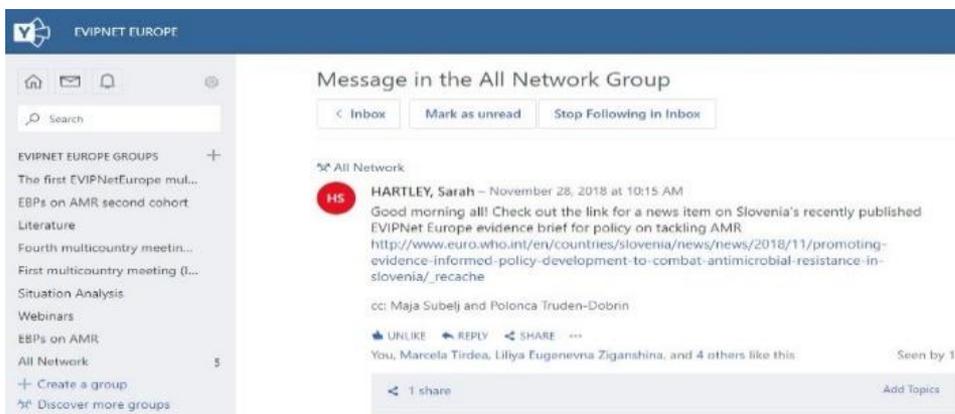
### Dialog o politikah za optimizacijo predpisovanja antibiotikov v domovih starejših občanov

14. 11. 2018

Odprtosost raziskovalcev proti antibiotikom (angl. antimicrobial resistance; AMR) predstavlja večjo grožnjo za javno zdravje. Starejšim v domovih starejših občanov (DSO) zdravstveni pogosto predpišejo antibiotike. Ključno tveganje, da je predpisovanje antibiotikov v DSO v Sloveniji med najvišje v Evropi, pa so starostni in drugi dejavniki, ki prispevajo k širokospoljubni antibiotiki. Poleg tega so rakotvorni diagnostični testi, ki so v DSO, še vedno pogosto kakovostni in v večini odprti za bakterije, proti katerim predpisujejo širokospoljubni antibiotiki niso učinkoviti.



Na ministrstvu za zdravje (MZ) je skupna strokovna delovna skupina v sodelovanju s strokovnjaki mreže EVIPNet pripravila predloge ukrepov, s katerimi strokovna organizacija (SLO) za Evropo pripravi predloge ukrepov za izboljšanje predpisovanja antibiotikov v domovih za starejše.



EVIPNET EUROPE

Message in the All Network Group

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All Network

**HARTLEY, Sarah** – November 28, 2018 at 10:15 AM

Good morning all! Check out the link for a news item on Slovenia's recently published EVIPNet Europe evidence brief for policy on tackling AMR <http://www.euro.who.int/en/countries/slovenia/news/news/2018/11/promoting-evidence-informed-policy-development-to-combat-antimicrobial-resistance-in-slovenia/>

cc: Maja Subelj and Polonca Truden-Dobrin

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# Policy dialogue recommendations

- **All options vital and AMS should be placed high on the political agenda while ensuring buy-in from all relevant political decision makers.**
- **Intersectoral cooperation needed at the national level and between health and social services locally.**
- **Involvement of clinical pharmacists at the primary care level (consultations for individual patients, sessions with GPs on AB prescribing).**
- **Further communication/advocacy activities and dissemination.**

# **Policy dialogue outcomes and follow-up**

- **Communication between working group experts, MoH, National Health Insurance Fund and LCTF**
- **Prioritization of AMR problem in LTCFs for future activities – all options were included into One Health: The national strategy to combat antimicrobial resistance 2020–2024**
- **Promoting evidence-based practice among professionals**
- **Providing principles/directions and pathways to increase/promote the generation and use of multidisciplinary and intersectoral sources of evidence for EIP**

# EBP workshop for medical doctors

- **University of Ljubljana Faculty of Medicine, June 2019.**
- **Promoting evidence-based practice to bridge the clinical practice and research among professionals**



# 6th EVIPNet Europe multicountry meeting



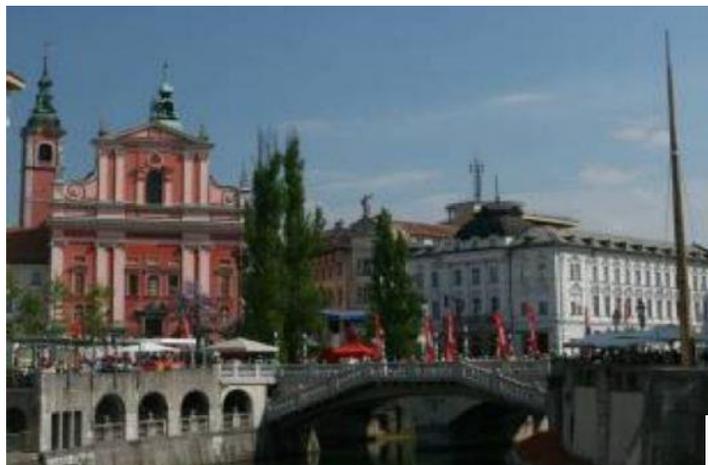
- WHO, Istanbul, September 2019
- To bring together new and existing evidence-informed policy network (EVIPNet) Europe members

6th EVIPNet  
Europe multicountry  
meeting  
3-5 September  
2019  
Istanbul, Turkey



# National meeting with LTCF staff

- **MoH, NIPH, National Health Insurance Fund, November 2019**
- **MDs, nurses from LTCFs, clinical pharmacists from the primary care level**
- **Implementation of proposed options, potential barriers discussed**



# **Driving factors, challenges and lessons learned**

- **Multi-level/broad consensus on the problem between multiple stakeholders is necessary.**
- **The complex issue needed a multi-level/multi-sectoral approach as sociological and cultural factors play a significant role.**
- **Local evidence should be integrated to propose the relevant options.**
- **Support and communication within the working group catalysed work progress and outcomes.**
- **Facilitation by WHO EVIPNet, WHO country office and NIPH eased the process toward EBP document and PD result implementation.**

# Conclusions

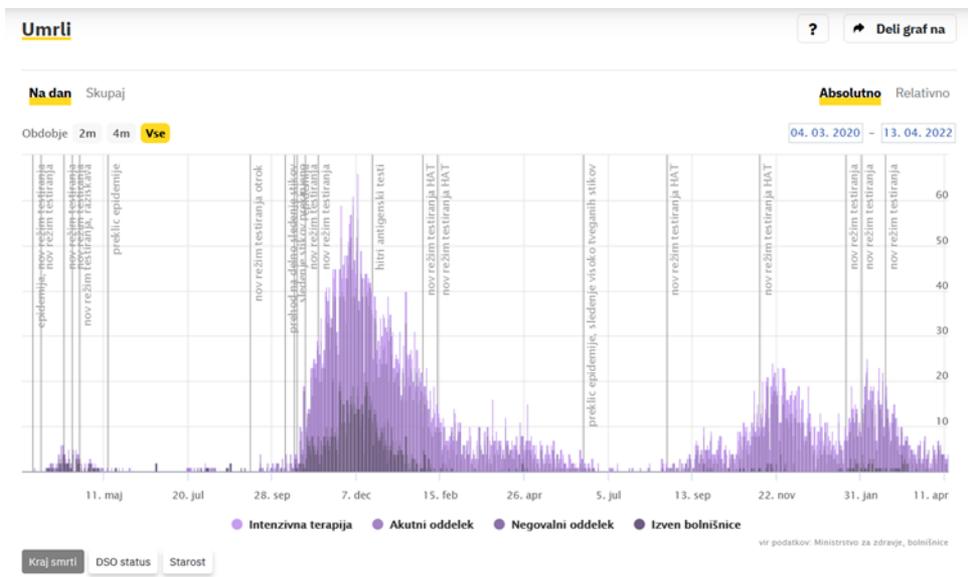
- **MoH plays a crucial role in putting options on the political agenda. There were further changes regarding the intersectoral collaboration between the social and health care sector.**
- **EBP would be more effective if integrated as part of the full KT platform to support the transparent/systematic use of research evidence in policy making.**
- **Implementation of options would be facilitated if there would be enough capacity at the MoH and in NIPH to take over the tasks regarding AMS.**

# Conclusions in relation to COVID-19 epidemic

- **Members of the Slovenian EBP working group on Antibiotic prescribing in LTCFs for the elderly have worked in different areas during the epidemic:**
  - ✓ **national scientific advisory group at the MoH**
  - ✓ **national advisory group on vaccination**
  - ✓ **national working group on schooling during the epidemic**
  - ✓ **working groups for clinical guidelines**
- **Experience from EVIPnet and EBP proved useful in planning measures in the LCTFs.**

# Conclusions in relation to COVID-19 epidemic

- **Many cases of COVID-19 in the LTCFs in the first part of epidemic (before vaccination became available).**
- **Although the implementation of EBP options stalled, some improvements in the LTCF were introduced in particular regarding staff.**
- **More resources were made available.**
- **More LTCFs will be built in the coming years.**



# The role of EVIPNet in Slovenia

- **Slovenia has been a partner/pilot country in the EVIPNet WHO European region.**
- **Situation analysis helped to structure actions to develop and facilitate evidence informed decision making.**
- **Membership in EVIPNet Europe has been an opportunity to make connections to other countries, to learn from peers and engage in problem-solving.**
- **EVIPNet has been providing support and guidance.**
- **Sharing knowledge and exchanging experiences with other countries proved vital in the COVID-19 pandemic.**

**European perspective changed into more global perspective and networking.**

# Thank you for your attention!

