

Embracing a One Health Framework to Fight Antimicrobial Resistance

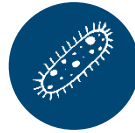
Norway

Antimicrobial resistance (AMR) – the ability of microbes to resist antimicrobials - remains an alarming global health threat that jeopardises the effectiveness of many 20th century public health advances. The latest OECD analysis shows that across 34 OECD and EU/EEA countries, AMR is estimated to claim more than 79 thousand lives every year, with the annual costs to health systems nearing USD PPP 29 billion. Adopting a multisectoral approach called the One Health framework is vital to tackling the complex drivers of AMR across human health, animal health, agrifood systems and the environment.

In recent years, Norway made important strides in tackling AMR. Yet, more progress is needed:



Resistance proportions for 12 antibiotic-bacterium pairs increased slightly between 2005 and 2019 (4.1% vs 5.8%) but averaged below the EU/EEA average (21.3% in 2019). Resistance proportions are projected to decline slightly to 5.5% by 2035, averaging below the expected EU/EEA average (20.3%).



Without further policy action, resistance proportions for fluoroquinolone resistant *Escherichia coli* and carbapenem-resistant *Pseudomonas aeruginosa* are expected to grow at the fastest pace between 2019 and 2035 (2.0 and 1.4 percentage points respectively). Growing resistance in these antibiotic-bacterium pairs can undermine the treatment of illnesses such as pneumonia, bloodstream infections, diarrhea and urinary tract infections.

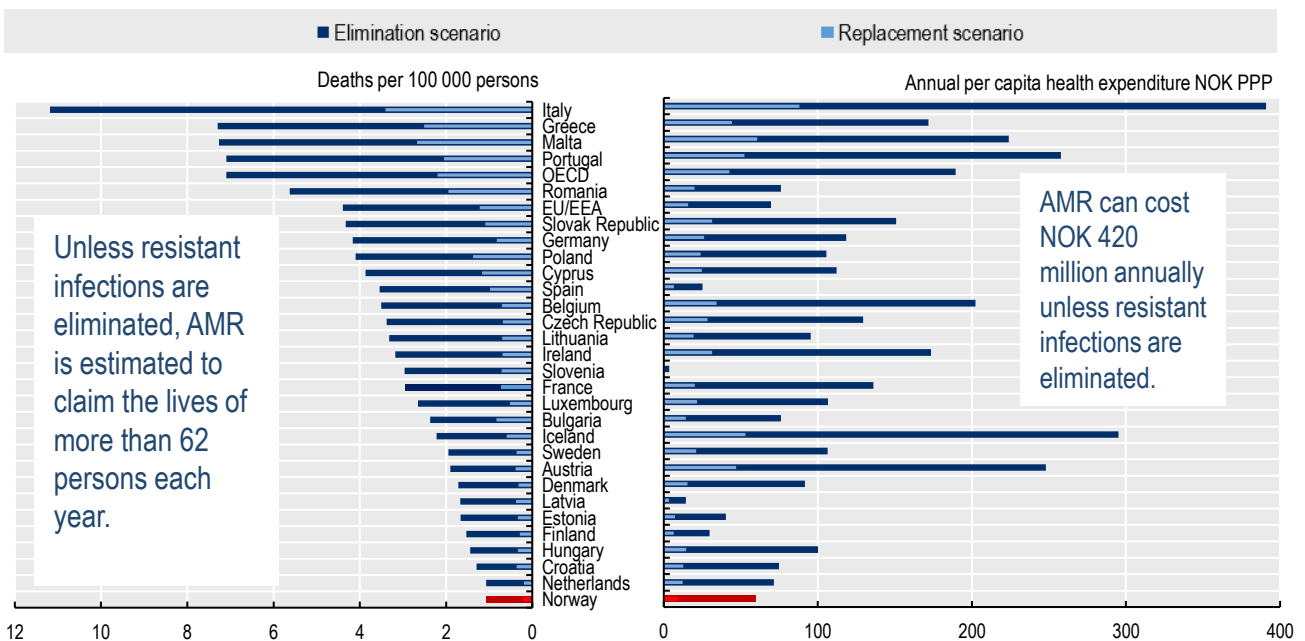


Total antibiotic consumption in human health averaged at 15.5 defined daily dose (DDD) per 1 000 persons per day in 2015, below the EU/EEA average (24.1). If trends persist, total antibiotic consumption is expected to increase slightly to 15.6 DDD per 1 000 persons per day by 2030, remaining below the projected EU/EEA average (23.2).



Access antibiotics – first- and second-line therapies with lower resistance potential – made up nearly 77.3 of all antibiotics consumed in Norway in 2015, exceeding the WHO target for Access antibiotics to make up at least 60% of national consumption.

AMR continues to pose a worrisome threat to population health and healthcare budget in Norway:



Note: The impact of AMR on population health is modelled by the OECD using two scenarios: 1) Elimination Scenario and 2) Replacement Scenario. The Elimination Scenario assumes elimination of all the resistant infections whereas the Replacement Scenario considers a situation where all resistant infections are assumed to be completely replaced by susceptible infections. Both scenarios are seen as plausible due to the dearth of concluding evidence in the literature.

Norway performs well in most policy areas but there is room for further policy action:

National AMR Action Plans



Optimising antimicrobial use in human health



Monitoring antimicrobial consumption in human health



Infection prevention and control (IPC) in human health



Training and education on AMR in human health



Biosecurity practices in terrestrial animal production



Good management and hygiene practices in food processing



The following priorities for action are identified to align policies with the *Global Action Plan to Tackle AMR*:

- **Improving the national monitoring system for consumption and rational use of antimicrobials in human health** to ensure regular data collection on a) antimicrobial sales/or consumption and b) prescribing and rational use in a representative sample of healthcare facilities.
- **Improving IPC in human health** to ensure a) functional national and health facility level best practices are systematically in place b) compliance and effectiveness are assessed and c) guidance is regularly updated.
- **Enhancing training and education on AMR in human health** to ensure AMR is systematically and formally incorporated in pre-service and in-service training for all relevant human health professionals.

Notes: 1 - least developed; 5 - most developed; diamonds indicate mode for OECD and EU/EEA countries; country scores are denoted in light blue.

Source: 2021-22 Tripartite AMR Self-Assessment Survey

The One Health approach underscores the importance of pairing policies across sectors. The OECD examined the impact of different policies including a mixed policy package that would involve the scaling-up of 5 policy priorities across sectors.



Improve antibiotic stewardship



Improve hand hygiene practices in healthcare settings



Delayed antimicrobial prescription



Increase mass media campaigns



Enhance food safety

In Norway, investing 57 NOK per person annually in a mixed policy package can yield important gains every year:

Infections prevented

4 103

Lives saved

47

Savings in healthcare costs (in million NOK)

256

Gains by increased workforce participation and productivity (in million NOK)

224

Return per NOK invested

1.39