

## Participating countries & eligibility



- Applications must be led by a coordinator from an eligible institution within one of the JPIAMR participating countries, see below.
- A network needs to have at least 15 partners from 10 different countries. At least 3 partners must be from the participating countries. It is also encouraged\* to include at least one partner from a Low Middle Income Country (LMIC). \*Mandatory for some RFO's.
- Individuals cannot act as Network coordinator for more than one proposal.
- Members can be added continuously to the network as it develops.
- Each funding organisation would potentially fund any high quality network, involving eligible participants, on any topic.
- Networks may combine two or more topics into one application.
- In the course of the JPIAMR peer review process, merging of related networks applying on similar and complimentary topics may be suggested.

### PARTICIPATING COUNTRIES

A network can be led by a coordinator from an eligible institution within one of the participating countries: **Belgium** (The Research Foundation – Flanders FWO), **France** (National Research Agency ANR), **Germany** (The Federal Ministry of Education and Research BMBF), **Ireland** (Health Research Board HRB), **Italy** (Italian Ministry of Health It-MoH), **Netherlands** (The Netherlands Organisation for Health Research and Development ZonMW/Netherlands Organisation for Scientific Research NWO), **Norway** (The Research Council of Norway RCN), **Spain** (The National Institute of Health Carlos III), **Sweden** (The Swedish Research Council, VR) and **United Kingdom** (The Medical Research Council MRC/United Kingdom Council of UK Research and Innovation UKRI). Other funding partners may be added until the launch of the call.



Joint Programming Initiative  
on Antimicrobial Resistance

**Announcement:**  
**Call for networks**

Working  
to improve  
surveillance

 [www.jpiamr.eu](http://www.jpiamr.eu)

 @JPIonAMR

## Aims



The call aims to create networks to enhance resource alignment and efforts in the field of AMR surveillance.

Surveillance is a prerequisite for assessing the success of AMR stewardship measures, infection prevention and control, and the effectiveness of new therapeutic and diagnostic options.

The overarching goal of JPIAMR research on surveillance is to standardise, improve and extend surveillance systems on antibiotic use and on AMR in humans, animals, food, and the larger environment.

In this network call up to 21 networks will be funded with up to 50 000 € each to maximise existing and future efforts to combat AMR by pushing forward new ideas in AMR surveillance.

Note that JPIAMR networks calls do not fund research projects.



The Joint Programming Initiative on Antimicrobial Resistance, JPIAMR, is a unique global collaborative platform that coordinates national funding and research to harness antimicrobial resistance. The shared Strategic Research Agenda with a One Health perspective provides guidance for nations to align their AMR research nationally and internationally. Today 27 nations have joined JPIAMR with a total funding of over 65 million € to date.

## Scope of the call



Surveillance networks are essential to monitor the threat of AMR and guide public health policy.

In order to understand antibiotic resistance, we must understand whether resistance genes are highly mobile and whether dominant pathogenic clones spread resistance globally. However, countries have different levels and methods of surveillance and many lack national reporting systems leading to major gaps in AMR surveillance there is an urgent need to strengthen collaboration on global AMR surveillance.

The WHO GLASS Initiative is the first global collaborative effort to standardise AMR surveillance. GLASS is now working towards the integration of other surveillance initiatives on antimicrobial consumption and AMR in the food chain. However, surveillance on the prevalence of antibiotic-resistant bacteria among healthy individuals and animals are also needed.

### EXPECTED OUTCOME

Applicants are invited to form JPIAMR networks that are expected to provide white papers, prospective views, guidelines and/or best practice/roadmap/systematic reviews and frameworks to identify key questions to be addressed or identify potential solutions to overcome barriers for AMR surveillance and the implementation of surveillance research studies.

### SUGGESTED FOCAL AREAS

JPIAMR networks may tackle one or more of the suggested focal areas below. These examples are neither mandatory nor limiting. Networks tasks should address needs at a National and International level and, if applicable, include Low and Middle Income Country aspects.

- Impact of surveillance on prevention, intervention, clinical practice, infection control, treatment and patient management.

- Surveillance of AMR in the healthy population: Risk factors; risk groups (e.g. migrants, travellers), reservoirs, and monitoring systems.
- Surveillance of non-human AMR reservoirs: Strategies, models, and technologies for tracing AMR in food, animals and the environment.
- Improvement and standardisation of methods.
- Quality assurance, curation and sharing data.
- Surveillance technology and tools: Optimisation of methods for outbreaks, rapidly emerging clones, resource-poor settings and global coverage.
- Social networks, big data and deep learning for AMR surveillance and prevention

### NOT WITHIN THE SCOPE OF THE CALL

Networks are not expected to duplicate or create new open access systems (e.g. ECDC atlas, GLASS, European Health Information Gateway of WHO/Europe). It is important that the networks within the call are well-informed about ongoing activities in EC/ECDC, WHO, FAO, OIE. Research projects are not supported.

## Provisional timeline



- MAY 2** Publication of the transnational call for networks
- JUNE 12 14:00, CET** Deadline for proposal submission
- SEPTEMBER** Evaluation meeting and funding recommendation to national funding agencies
- DECEMBER/EARLY 2019** Expected Network start (also subject to national procedures)