

Funded by the Public Health Agency of Canada, this time-limited project is conducting broad consultations with Canadian stakeholders who work across One Health to design model options for a national antimicrobial resistance network.

Part of this process involves scanning Canada and the world for relevant case studies, from which we can glean a series of insights that are perhaps applicable to our network design. This document does just that, presenting information about a long list of selected networks, organizations, and strategies.

This scan is a high-level overview, serving as a reference document. It is based on publicly available information, generally gathered from the organization’s own website or public-facing documentation (e.g. annual reports). It is not intended to be a systematic or fully comprehensive review.

Overall, we identified and examined 62 relevant networks, organizations, and strategies from which we could draw lessons to develop the governance options and recommendations for a pan-Canadian One Health AMR network.

The organizations, entities, and strategies included on this list were identified using Internet searches and suggestions from our stakeholders, committee members, and consultation participants. We intentionally scanned a broad range of organizations to increase the likelihood of discoveries relevant to our network design process.

We focused on four key areas:

- Large, primarily government-funded Canadian organizations
- Small and mid-sized Canadian organizations
- Non-Canadian networks and organizations
- National and multi-national AMR strategies

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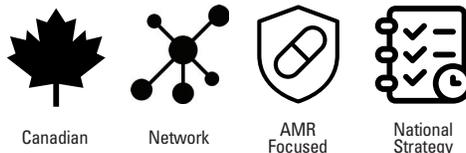


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Background Information

Established in 2001, Infoway helps to improve the health of Canadians by working with partners to accelerate the development, adoption, and effective use of digital health solutions across Canada. Digital health helps Canadians access better quality care more efficiently, through solutions and services such as electronic medical records, telehomecare, virtual visits and patient portals.

Partners include Canadians, Vendors, Clinicians and the Healthcare Community, IT Professionals, HealthCare Organizations and Associations, Academia/Researchers, Jurisdictions.

Funded by Health Canada.

Key functions are to:

- Provide safer access to medications, starting with Prescribe IT, Canada's e-prescribing practice
- Provide Canadians and their providers with access to personal health information and digital health services.

Infoway is spearheading the replacement of fax- and paper-based systems with interoperable digital health solutions and driving change across Canada's health care systems by focusing on large, multi-jurisdictional or pan-Canadian projects.

Infoway will provide safer access to medications through PrescribeIT, Canada's e-prescribing service.

Infoway will also launch ACCESS Health, a new program to connect Canadians and their providers to the health ecosystem.

Infoway plans to spend between \$100-125 million to achieve its business goals for 2019-2020.

In 2020, their Revenue & Expenses were approximately \$84,000.

Governance & Management

The deputy ministers of health for Canada's 10 provinces, three territories and the federal government make up the Members of the Corporation. There are 14 members in total.

The Board includes two federal appointees, five provincial/territorial appointees, and four-six independent directors. There are 11 Board of Directors.

Infoway is accountable to its Board of Directors as well as to its Corporation Members. Infoway is led by a team of seasoned professionals who are specialists in their respective fields, including health care, administration, information technology and privacy. There are six on the leadership team.

Also have Board Committees i.e. Finance and Audit, Governance and nominating, Compensation and Human Resources.

Primary source: infoway-inforoute.ca/en

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 1998 to provide lifesaving products and services in transfusion and transplantation for Canadian patients, and to safeguard Canada's systems of life essentials in blood, plasma, stem cells, and organs and tissues.

Functions: To safeguard the quality of related products and services; to engage with donors and health-care partners; and to continuously improve systems and processes.

Sample initiatives undertaken:

- Pathogen inactivation: A promising tool to make blood transfusion even safer
- Collaborating on access to organs and tissues: Working with partners to enhance information-sharing and system performance

They have a working capital of \$225.1 million. They receive most of their funding from corporate members, the provincial and territorial ministers of health across Canada, except for Quebec.

Revenue 2019-2020 Fiscal year was \$1.23 million, expenses \$1.26 million.

Governance & Management

An independent, not-for-profit organization that operates at arm's length from government.

The Executive management team is accountable to the Board of directors and responsible for ensuring they operate within the policy and strategy framework approved by the board. Executive management team consists of 10 senior members.

The board is responsible for the organization's governance, overall affairs, strategic plan, budget and reporting on Canadian Blood Services' performance to the corporate members (the provincial and territorial ministers of health across Canada, with the exception of Quebec). Board of directors consists of 13 appointed by the provincial and territorial ministers of health.

The National Liaison Committee helps ensure interested Canadians contribute to decision-making on issues affecting the blood system. The National Liaison Committee is intended to identify issues, and offer ideas, opinions, and concerns from across Canada.

Primary source: blood.ca

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Background Information

Established in 1982, is a Canadian-based global research organization that convenes extraordinary minds to address the most important questions facing science and humanity.

Supporting, long-term interdisciplinary collaboration, CIFAR provides researchers with an unparalleled environment of trust, transparency and knowledge sharing. Their time-tested model inspires new directions of inquiry, accelerates discovery and yields breakthroughs across borders and academic disciplines. Through knowledge mobilization, the Institute is a catalyst for change in industry, government, and society. CIFAR's community of fellows includes 20 Nobel laureates and more than 400 researchers from 22 countries.

CIFAR's research programs address critical questions across four interdisciplinary theme areas: Life & Health, Individuals & Society, Information & Matter and Earth & Space. In 2017, the Government of Canada appointed CIFAR to develop and lead the Pan-Canadian Artificial Intelligence Strategy, the world's first national AI strategy.

CIFAR is supported by the governments of Canada, Alberta, Ontario, and Quebec as well as international partner organizations, individuals, foundations, and corporations. Accepts donations.

Revenue 2019: \$46 million

Governance & Management

Board of directors: 23 members. Executive team: 7 members, led by Alan Bernstein, President & Chief Executive Officer who reports to the Board and is responsible for developing and leading the Institute in an overall strategic direction. Reporting to the President is the executive team. Has viceregal patrons and directors emeriti.

The Council of Advisors: 28 members assists the Board of Directors and the President & Chief Executive Officer by providing advice and counsel as requested. It is composed of engaged alumni of the Board of Directors, of the Research Council, or past participants in research programs.

The Research Council: 18 members is made up of eminent scholars from a wide range of disciplines. The Research Council is responsible for advising the President & Chief Executive Officer on formulating, developing and establishing high quality advanced research programs, and on the disposition of programs when their work is deemed complete.

Has honorary appointments.

Primary source: cifar.ca

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Background Information

Established in 1994, to provide comparable and actionable data and information that are used to accelerate improvements in health care, health system performance and population health across Canada. Their stakeholders use their broad range of health system databases, measurements, and standards, together with CIHI evidence-based reports and analyses, in their decision-making processes. They protect the privacy of Canadians by ensuring the confidentiality and integrity of the health care information they provide.

Key Functions:

- Identifying health information needs and priorities
- Coordinating and promoting standards and data quality
- Developing and managing health system databases and registries
- Developing comparable measures of health system performance
- Conducting analyses in population health and health services
- Building capacity and conducting education sessions.

Sample initiatives:

- Supporting the provinces and territories with COVID-19 modelling. Their modelling expertise helped governments, health authorities and hospitals take action to slow the spread of COVID-19 and to prepare health systems.
- In 2018, they hosted the Privacy and Health Data Access Symposium, followed by a series of pan-Canadian stakeholder consultations. In response, they developed the Health Data and Information Governance and Capability Framework and companion toolkits to allow organizations to better govern their data and information

Funded by fed gov, prov/territ gov. Total revenue \$115 million reported in 2019-2020.

Governance & Management

Independent, not-for-profit organization

Board of Directors: 14 members

Board Committees: 16 members

Senior management: Approx.. 30 members

Board of Directors:

- Provides the strategic leadership necessary to establish and review CIHI's mission, vision, mandate and corporate goals and objectives. The Board focuses on policy direction, with a clear distinction from the internal management role of the president and CEO.
- Links federal, provincial, and territorial governments with non-governmental health groups.

Primary source: cihi.ca/en

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CANADIAN PARTNERSHIP AGAINST CANCER



Background Information

Established in 2006 to accelerate action on cancer control for all Canadians.

To address:

- Growing burden of cancer, high impact of cancer mortality, increased costs and the impact of new drugs and technologies,
- Uneven uptake of knowledge and innovation, limited sharing of tools and resources and lack of collaboration among cancer organizations and areas of the country, duplication of efforts across the system

Has a partnership network- consisting of cancer agencies, health system leaders, and experts, and people affected by cancer. Pan-Canadian in scope.

Four key functions:

- Convene: bringing together people and organizations to establish and advance priorities for collective action
- Integrate: creating solutions with partners to meet shared goals
- Catalyze: investing in, managing and assessing large projects to support successful implementation and sustained effort
- Broker: responding quickly to new evidence

Sample accomplishments:

- Canadians now have improved access to proven ways to prevent cancer
- More people are being screened appropriately and cancer is found earlier, when treatment can make a difference

2019/20 revenue of \$43 million; Net Assets \$14 million.

Funded primarily by the federal government through Health Canada. Funding during the Partnership's first mandate (2007-12) totalled \$250 million; funding for the Partnership's second mandate, from 2012-17, totals \$241 million. In March 2016, the federal government announced ongoing funding for the Partnership.

Governance & Management

A not-for-profit Corporation.

The Partnership's Board of Directors is responsible for the overall governance of the organization including strategic leadership and direction, monitoring and assessing performance, financial oversight, and oversight of management. The Board meets four times per year and has the following sub-committees: Executive, Performance, Finance & Audit, Human Capital and Governance & Nominating.

Management structure: 4 divisions reporting to the Chief Executive Officer, each headed by a Vice President: Cancer Control, Strategic Partnerships, Finance and Corporate Services, and Cancer Systems, Performance and Innovation.

Structure consists of:

- Board of Directors
- Executive Team
- Advisory Structures
- Patient Advisors
- Aboriginal Advisors

More than 97 permanent staff and 31 fixed-term staff, as of March 31, 2020.

Primary source: partnershipagaincancer.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 2003. As a leader in patient safety, CPSI has developed world-class programs to help individuals and organizations ensure that patients are not harmed during care. They seek to:

- Inspire and advance a culture committed to sustained improvement for safer healthcare.
- Lead system strategies to ensure safe healthcare by demonstrating what works and strengthening commitment.

Functions:

- Demonstrate what works: represents resolve to work with committed partners to implement targeted patient safety improvement initiatives (push strategy).
- Strengthen commitment: represents commitment to and demand for proven patient safety practices to foster improvement (pull strategy)

As the designated WHO Collaborating Centre for Patient Safety and Patient Engagement, the Canadian Patient Safety Institute offers its expertise to Canadian and global organizations to improve how they engage patients in their efforts.

Sample initiatives:

- SHIFT to Safety is a major shift to empower you with the tools and information you need to keep patients safe, whether you are a member of the public, a practitioner, or a leader.
- Global Patient Safety Alerts are a way to share information from around the world. Organizations dedicated to quality care share knowledge, evidence, and analysis to help everyone improve patient safety.

100 member (national) organizations includes: Health Canada (federal representative), all provincial and territorial governments.

Funded by Health Canada. Expenses approx.. \$2.6 million

Governance & Management

Not-for-profit organization.

Co-chairs, Board of Directors, Finance, Investment & Audit committee, Strategy Working group (consisting of patient partners).

Canadian Patient Safety Institute and the Canadian Foundation for Healthcare Improvement (CFHI) are jointly pursuing an amalgamation that will create a single quality and safety organization with an expanded capacity to improve healthcare for everyone in Canada.

2 co-chairs, 11 board of directors, 1 person on finance & investment & audit, 2 people on strategy working group (patient partners).

Approx. 38 staff.

Primary source: patientsafetyinstitute.ca

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GENOME CANADA



Background Information

Established in 2000 to act as a catalyst for developing and applying genomics and genomic-based technologies to create economic and social benefits for Canadians. Genome Canada strives to:

- Connect ideas and people across public and private sectors to find new uses for genomics
- Invest in large-scale science and technology to fuel innovation
- Translate discoveries into solutions across key sectors of national importance, including health, agriculture and agri-food, forestry, fisheries and aquaculture, the environment, energy and mining.

In April 2020, Genome Canada launched the Canadian COVID-19 Genomics Network (CanCOGeN). The mission of CanCOGeN is to establish a coordinated pan-Canadian, cross-agency network for large-scale SARS-CoV-2 and human host sequencing to track viral origin, spread and evolution, characterize the role of human genetics in COVID-19 disease and to inform time-sensitive critical decision making relevant to health authorities across Canada during the pandemic. The network will further contribute to building national capacity to address future outbreaks and pandemics.

Genome Canada has invested \$3.9 billion in genomics research and applications since creation in 2000. The federal government has provided \$1.6 billion, including investment income from this funding. The remaining \$2.3 billion has come from national and international partners, including provincial governments, and private- and public-sector partners. Genome Canada's investments support large-scale science, access to leading-edge technology, translation, and the operations of Genome Canada and the six regional Genome Centres.

Genome Canada project leaders managed \$183.4 million in funding in 2019-20, with \$65.8 million from Genome Canada and \$117.6 million from co-funders (provincial governments, universities, the private sector, etc.).

Funded 455 projects in 7 sectors (health, agriculture and agri-food, forestry, fisheries and aquaculture, environment, energy and mining) in 2019-2020. Funded by the Government of Canada. Received a funding renewal of \$100.5 million for budget 2019.

Governance & Management

Not-for-profit.

Governed by a board of directors of up to 16 people comprising individuals drawn from the academic, private and public sectors. These individuals bring unique skills and experiences as well as strong interests and insights to successfully fulfil Genome Canada's strategic plan. Furthermore, the presidents of five federal research funding agencies are nonvoting, ex officio advisors to the board of directors. The science and industry advisory committee is a permanent committee of Genome Canada's board of directors.

New directors are appointed for two-year terms renewable up to a maximum of six years.

The Board has five standing committees: Executive Committee; Audit and Investment Committee; Programs Committee; Governance, Election and Compensation Committee; and Communications and Outreach Committee. As well, a Science and Industry Advisory Committee provides strategic advice to the Board on emerging issues to help the corporation achieve objectives.

The Science and Industry Advisory Committee (SIAC) is a permanent committee of Genome Canada's Board of Directors. The Committee is tasked with providing advice and recommendations to the Board on:

- Emerging scientific research opportunities and challenges and potential areas for investment in genomics and Genomics in Society, including GE3LS research in Canada
- International trends, developments and potential national and international collaborations
- Areas of strategic social and economic importance to Canada
- Application of the outcomes of genomics research including commercialization, knowledge transfer, policy development, and social and economic benefits.

5 members on management team.

Primary source: genomecanada.ca/en

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



MENTAL HEALTH COMMISSION CANADA



Background Information

Established in 2007. Leads the development and dissemination of innovative programs and tools to support the mental health and wellness of Canadians. Through its unique mandate from the Government of Canada, the MHCC supports federal, provincial, and territorial governments as well as organizations in the implementation of sound public policy.

Key Functions:

- Convene stakeholders, develop, and influence public policy
- Encourage actions that advance the commission
- Knowledge Mobilization

Sample initiatives:

- Roots of Hope: community suicide prevention program has grown to encompass eight communities, with many others eager to sign on in phase two.
- Stepped Care 2.0: an e-mental health project championed by the MHCC that has reduced wait times in Newfoundland and Labrador by 68% and served as the framework for the federal government's Wellness Together Canada portal.

Two networks: Hallway Group and MHCC Youth Council. The Hallway Group is a group of individuals, all of whom are people with lived experience (PWLE) with a mental illness either personally or through a loved one. Their role is to provide expert advice on specific initiatives, projects, and key priority areas through the much-needed critical lens of PWLE.

MHCC Youth Council Members seek to advocate on behalf of young people with mental health problems or illnesses and represent the voice of young people at MHCC and public events to promote recovery and inspire others.

Revenue: \$23 million. Funding from Government of Canada.

Governance & Management

14 Board members, 4 Executive Leadership Team, 6 Directors.

Board of Directors oversees the strategic direction by establishing the organization's vision and mission. Their leadership and expertise guides the MHCC in efforts to raise awareness, and catalyze collaborative solutions to mental health system challenges.

Executive Leadership Team operationalizes the strategic objectives & work to define the key priorities that underpin the achievement of the goals set out by the Board.

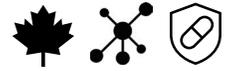
Directors enact the priorities in order to build capacity, promote and advance the Strategy and mobilize knowledge.

Primary source: [Mental Health Commission of Canada 2017-2022 Strategic Plan](#)

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



AMR–ONE HEALTH CONSORTIUM



Background Information

The AMR – One Health Consortium works collaboratively with Canadian and international partners to develop comprehensive solutions to contain AMR using a One Health approach for the benefit of humans, animals, and the environment.

Their research focuses on treatment optimization, AMR surveillance, and prevention of transmission. These projects span across 3 thematic areas:

- Innovation and Commercialization
- Education and Societal Impact
- Policy, Economics and Sustainability

The Consortium includes 27 projects led by researchers across a wide range of disciplines, including veterinary medicine, epidemiology, public health, microbiology, genomics, virology, human medicine, law, public policy, economics, sociology, and anthropology. The research projects within each area are aimed at addressing the following issues: Treatment Optimization, Surveillance, Prevention of Transmission

11 Partnering Institutions (ex. U. of Calgary and U. of Alberta)

Leverage sources of funding from: CIHR, NSERC, MIF.

The Consortium received \$15.569 million in total project funds from various federal, provincial and private sources to be spent over 5 years. \$6.315 million was awarded through the Major Innovation Fund from the Ministry of Economy, Jobs, and Innovation, and \$9.254 million was leveraged through matching funds. Funders include Government of Canada, University of Calgary. Matching sources of funding by: National, Provincial, Academic Institutions, Industry Partners, and Other (china Graduate scholarship).

Governance & Management

The AMR – One Health Consortium is managed through One Health at UCalgary. The Consortium features a nimble governance structure, enabling it to make timely and relevant decisions to meet its goals and priorities: Scientific Director, Investigators, Project Management Team, Collaborators, Executive Committee, Scientific Advisory Council, Trainees and Fellows, Project Team Members.

Work Package Leads, Principal Investigators, and Co-Investigators are researchers who are leading one or more projects within the Consortium and/or coordinating project efforts within Work Packages

14 members on executive committee, 6 on management team, 5 on scientific advisory committee.

Primary source: research.ucalgary.ca/amr

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



BEEF CATTLE RESEARCH COUNCIL



Background Information

Established in 2001, is Canada's national industry-led funding agency for beef, cattle and forage research. The BCRC's mandate is to determine research and development priorities for the Canadian beef cattle industry and to administer Canadian Beef Cattle Check-Off funds allocated to research.

Objectives

- Continue to enhance the safety and quality of Canadian beef
- Ensure the integrity and high standards of animal health in the Canadian herd
- Improve and ensure the dissemination of knowledge throughout the industry
- Ensure that scientific principals and risk assessment are utilized in developing good production practices, industry and government policy and standards
- Support innovative projects designed to improve industry competitiveness
- Enhance international acceptance of Canadian beef quality and safety standards

Having recognized the need to review the beef research situation in Canada and develop a framework to coordinate beef research priorities, funding and technology transfer nationally, the Beef Cattle Research Council (BCRC) and the national Beef Value Chain Roundtable (BVCRT) initiated a comprehensive process in 2008 to develop a national beef research strategy. The inaugural National Beef Research Strategy was released in 2012. It was successful in improving collaboration among funding bodies and improved efficiencies in funding research of priority to the industry.

With industry funding (collected through the Canadian Beef Cattle Check-Off), the BCRC leverages funding from Agriculture and Agri-Food Canada (AAFC) through the Sustainable Beef and Forage Science Cluster.

Governance & Management

Executive and team — 9 members

The Beef Cattle Research Council (BCRC) currently has 14 members, which represent each of the provincial organizations of beef producers that allocate part of the Canadian Beef Cattle Check-Off to research. The number of members from each province is proportional to the amount of provincial allocation to research. Members of the BCRC are representatives of provincial organizations and are appointed by them. As members of the provincial organization, they must be beef producers, and therefore pay the Canadian Beef Cattle Check-Off on all of their cattle that are sold.

The BCRC operates as a division of the Canadian Cattlemen's Association (CCA).

Primary source: beefresearch.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 1989 to provide health care decision-makers with objective evidence to help make informed decisions about the optimal use of health technologies, including drugs; diagnostic tests; medical, dental, and surgical devices and procedures. In addition to evidence, they also provide advice, recommendations, and tools. They are committed to cultivating an environment of evidence generation and adoption across Canada.

Strategic Goals and Objectives

- Close the Gap Between Evidence, Policy, and Practice
- Adopt a Life-Cycle Approach to Health Technology Assessment
- Anticipate Health System and Technology Trends
- Develop Agile Management Strategies

Accomplishments:

522 Drug and Device reviews completed in 2020. 63 Reimbursement Recommendations issued. 111 Knowledge Events which led to 80% of participants reporting an increase in knowledge about the topic. 5 million Report downloads and 1 million website visits. 78 Impact stories for 2019-2020 fiscal year.

CADTH implemented the CADTH Patient and Community Advisory Committee and continued its clinician engagement strategy to increase clinician awareness of CADTH, enhance clinician engagement, and influence clinical practice.

\$36 million in Revenue and Expenses in 2019-2020 Fiscal year.

Governance & Management

Independent, not-for-profit organization.

The 13-member CADTH Board of Directors is composed of an independent chair; a regional distribution of jurisdictional federal, provincial, and territorial representatives; and a number of non-jurisdictional representatives from health systems, academia, and the general public. The Board has overall responsibility for administering the affairs of the Corporation and providing the strategic direction to guide CADTH's success as the Canadian "go-to" provider of evidence and advice on the use of drugs and other health technologies.

Directors are elected by the Members of the Corporation, who are the Deputy Ministers of Health for participating federal, provincial, and territorial governments.

Three individuals on Executive team. Staff consists of implementation support and knowledge mobilization team, pan-Canadian collaborative team, and advisory bodies, liaison officers.

Primary source: cath.ca/about-cath

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



CANADIAN ANIMAL HEALTH SURVEILLANCE SYSTEM



Background Information

Established in 2015. It is an initiative of the National Farmed Animal Health and Welfare Council (NFAHWC), with broad based collaborative support of industry and governments. It has been designed to fill the need for strengthened animal health surveillance in Canada, as identified in the NFAHWC's report, "Surveillance in a Time of Transition in Farmed Animal Health".

CAHSS is a network of animal health surveillance networks, with no control from government or any one group. Individual network groups are self-organizing and self-governing; linked through CAHSS by shared purpose and principles.

A shared national vision leading to effective, responsive, integrated animal health surveillance in Canada

Sector Networks: Poultry, Swine, Equine, Dairy Cattle, Aquatic, Beef/Cattle, Wildlife. Cross Sector groups include: Antimicrobial Use surveillance network.

In 2018-2019, the Network participated in several discussions with partners to enhance awareness on activities and undertakings in the areas of antimicrobial use, resistance and surveillance. For example with the Veterinary Drugs Directorate of Health Canada to discuss the development of an application that will facilitate reporting of national antimicrobial sales and distribution data from pharmaceutical manufactures, compounding pharmacists and importers which will allow for the specification of annual sales data.

Membership in CAHSS grew this year (2018-2019) to 240 CAHSS members (181 owning members and 59 associate members) representing 94 different organizations.

Network leads serve without compensation, but reasonable expenses (approved by the Coordinator and the NFAWH Executive Director) will be reimbursed.

Governance & Management

CAHSS is a division of the National Farmed Animal Health and Welfare (NFAHW) Council.

CAHSS utilizes a "Lead Agency" model of governance. In this case, CAHSS falls under the legal authority of the National Farmed Animal Health and Welfare Council (NFAHWC) Corporation.

Network Members, Species Specific Network Members (These are comprised of individuals and organizations working with various animal populations (dairy, beef, poultry, equine, swine, aquatic, wildlife, etc.),

Community of Practice Members – These are comprised of organizations representing surveillance oversight, best practice, innovation, and emerging trends.

Each Species-Specific CAHSS network will appoint a Network Lead and/or Co-lead. The Leads and Co-Leads will be responsible for leading meetings and reporting to CAHSS on the surveillance activities and practices of their respective network. They will work with the Coordinator to develop best surveillance practices within their network and will support the learning and growth of other networks.

Steering Group: comprised of 10 members, Members are appointed equally between the Species-Specific Network Members and the Community of Practice Members.

Primary source: cahss.ca

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



CANADIAN ANTIMICROBIAL RESISTANCE SURVEILLANCE SYSTEM



Background Information

Established in 2015, is Canada's national system for reporting on antimicrobial resistance (AMR) and antimicrobial use (AMU). CARSS synthesizes and integrates epidemiological and laboratory information from Public Health Agency of Canada (PHAC) surveillance programs across the human and agricultural sectors to provide high quality national data on AMR and AMU.

New surveillance initiatives: The national surveillance of healthcare-associated infections has expanded to represent nearly one-third of all acute care hospital beds in Canada.

- Point prevalence data from two surveys in community hospital and long-term care facilities benchmarked the burden of antimicrobial-resistant organisms (ARO) and AMU in these facility types.
- AMR in the community sector has been examined through a pilot project using electronic medical records covering 75,000 patients to look at patterns of resistance in urinary tract infections and how they are treated.

Collaborations with: CNISP, CIPARS, GASP Canada, eSTREP, NML

PHAC is now examining ways to expand CARSS to include data on AMR and AMU from community health settings.

Governance & Management

Coordinated by the Public Health Agency of Canada (PHAC).

Primary source: [Canadian Antimicrobial Resistance Surveillance System Report \(2020, Public Health Agency of Canada\)](#)

*This information is near-verbatim from the source above.
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Background Information

Established in 1988. Provides guidance to decision-makers through harnessing the power of research, collecting, and organizing knowledge, and bringing together diverse perspectives.

Four strategic directions guide the Centre's activities:

- Creating and sustaining partnerships to mobilize individual and collective efforts
- Fostering a knowledge exchange environment where evidence and research guide policy and practice
- Developing evidence-informed actions to enhance effectiveness in the field
- Fostering organizational excellence and innovation

CCSA reports to Parliament through the Minister of Health.

Functions:

- Advancing knowledge by synthesizing research
- Driving collaborations efforts across Canada
- Bridging the gap between what we know and what we don't

CCSA's Issues of Substance conference is one of the biggest addiction-focused events in Canada. Every two years, it provides the opportunity for Canadian substance use stakeholders to share experiences and bring new evidence to light.

2019-2020: \$12 million in revenue and expenses. Health Canada provided \$9 million in revenue.

Governance & Management

A volunteer Board of Directors composed of 13 members. 8 people on Senior leadership team. 5 governor-in-council appointees. 8 members at large.

The Governor in Council appoints the Chair and up to four additional board members may be appointed. These appointments come on the recommendation of the Minister of Health after the Minister has consulted with the Board.

The Senior Leadership Team is responsible for ensuring achievement of strategic goals. The Board of Directors is responsible for governing CCSA.

The CCSA Board Alumni serves in a consulting capacity to the current CCSA Board of Directors. When called upon, members of the alumni can provide expertise, support and advice. The role of the Board Alumni also includes serving as ambassadors and advocates for CCSA.

Primary source: [ccsa.ca](https://www.ccsa.ca)

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



RÉSEAU CANADIEN DE L'ENVIRONNEMENT
CANADIAN ENVIRONMENTAL NETWORK

CANADIAN ENVIRONMENTAL NETWORK



Background Information

Established in 1977, facilitates cooperation and networking among non-profit, non-governmental environmental organizations across Canada and internationally.

The Canadian Environmental Network (RCEN) supports ENGOs by providing them with valuable networking, communications and resource-sharing services. Via listserv, conference calls and meetings, the members share vital information, best practices and strategies, and act collectively to promote sustainability in Canadian public policy.

As a non-partisan, member-based organization consisting of a multitude of primarily small, community-based grass root ENGOs, RCEN is equipped to play an important role in unifying the environmental community around the SDG's and the 2030 Agenda.

Funding Source not available.

Governance & Management

Non-profit, independent, non-partisan organisation

The RCEN voting membership is comprised of environmental organizations from across Canada. Members meet every year during an Annual General Assembly to elect the Board of Directors, which is composed entirely of voting member representatives. As the organization is largely volunteer based, the Board members, Caucus members and volunteers carry out activities in support of the network.

RCEN Board and Staff. 5 members on Board, and 2 staff (organizational developments manager and project coordinator).

Primary source: rcen.ca/en

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



CANADIAN FEDERATION OF AGRICULTURE



Background Information

Established in 1935, their mission is to promote the interests of Canadian agriculture producers, through leadership at the national level, and to ensure the continued development of a trusted, sustainable, and vibrant agriculture sector in Canada. Their vision is to be the national voice of Canadian producers — committed to enabling their success, which will benefit Canada and the world.

Membership roster includes wide range of producer organizations. Their principal members are:

- Provincial general farm organizations: representing the interests of that province's agriculture whose membership is open to all farmers in that province, either directly or through other organizations
- National or interprovincial Commodity Organizations: representing a major proportion of that commodity in a region or across Canada
- National or interprovincial producer-owned and controlled cooperatives: those who demonstrate substantial involvement of producers; membership is subject to CFA board approval.

In addition, CFA partners with a vast number of other industry associations, think tanks, academic groups, and private companies on projects that touch many different aspects of the agricultural sector.

Members- 12 general farm and commodity organizations

1 corporate partner and 10 corporate leaders/event sponsors

A farmer-funded, national umbrella organization comprising of provincial general farm organizations and national and interprovincial commodity groups. They represent producers of all commodities, who operate farms of all sizes. Through members, they represent approximately 200,000 Canadian farm families from coast to coast.

Governance & Management

Board of Directors — 30 members

Staff — 8 people

Primary source: cfa-fca.ca/about-us

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 1996, CFHI works with partners to accelerate the identification, spread and scale of proven healthcare innovations that sustain improvement in patient experience, health, work life of providers and value-for-money.

Aim to be an indispensable partner in shaping better healthcare for everyone in Canada. Work towards lasting improvement in patient experience, health, work life of healthcare providers and value for money.

Strategic Pillars:

- Find and promote innovators and innovations
- Drive rapid adoption of proven innovations
- Enable improvement- oriented systems
- Shape the future of healthcare through knowledge sharing & enhancing relationships

Where there are solutions that are not yet being widely used, they lead partnerships that help spread and scale proven innovations, such as:

- Paramedics and Palliative Care: A collaboration with the Canadian Partnership Against Cancer training paramedics to provide urgent palliative care at home
- INSPIRED COPD collaborative: as part of CFHI's INSPIRED COPD Scale Collaborative, six teams were supported to scale their existing INSPIRED-like programs to reach even more providers, organizations and patients within their jurisdictions.

Funded by Health Canada. In 2019-2020 Revenue \$17M.

Governance & Management

An independent, not-for-profit organization

Amalgamated Board with Canadian Patient Safety Institute (CPSI). Finance, Investment & Audit Committee, Strategy Working Group (consisting of patient partners).

The senior management team provides leadership to the organization and contributes to CFHI's ongoing success.

Senior Leadership team consists of 8 Program Directors, 5 other staff, 13 Board of directors, 1 person on Finance, Audit Cttee, 2 on Strategy Working Group.

Primary source: cfhi-fcass.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



CANADIAN HEALTH SERVICES AND POLICY RESEARCH ALLIANCE



Background Information

Established in 2014 to foster collaboration, coordination and strategic investment amongst Health Services and Policy Research (HSPR) organizations in Canada to accelerate scientific innovation and discovery, optimize the impact of research on health and health system outcomes, and strengthen Canada's HSPR enterprise.

Provides a collective voice for HSPR in Canada, fostering the pursuit of collaborative action, investment and impact in areas identified as pan-Canadian priorities of common interest that are better accomplished as a collective than in isolation.

The alliance will also advance the implementation of the pan-Canadian Vision and Strategy for HSPR; report back to the HSPR community, stakeholders and the public on the level, nature and impact of HSPR investment in Canada; and collaborate on targeted high-priority initiatives of mutual interest.

Members include federal and provincial health research funding organizations, national and provincial HSPR data centers, health charities, national healthcare foundations, provincial health quality councils, university-based HSPR institutes, and health policy and delivery organizations.

Sample initiative:

Making an impact: a shared framework for assessing the impact of health services and policy research on decision-making prepared by Impact Analysis Group 27 organizations involved in funding health services and policy research collaborated to create an asset map of the collective investments over a 5 year period (2007-2012), by location, type of investment and content area.

Budget not available.

Governance & Management

Is not an independent funding body but rather an alliance of existing organizations with separate and autonomous organizational mandates that are united through a shared vision and commitment to work together to support an innovative, high-performing and high impact HSPR enterprise.

Working Groups:

- Training Modernization
- Impact Analysis Group
- Learning Health Systems

The executive committee organizes expert working groups as needed to address key priorities as they arise and is accountable to the membership of the alliance.

The executive committee includes two co-chairs who are responsible for leading the development of meeting agendas, chairing the meetings, and ensuring action items are communicated following meetings and actioned in a timely manner.

Primary source: chspra.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*

CANADIAN INTEGRATED PROGRAM FOR ANTIMICROBIAL RESISTANCE SURVEILLANCE



Background Information

Established in 2007. Known as CIPARS. Monitors trends in antimicrobial use and antimicrobial resistance in selected bacterial organisms from human, animal and food sources across Canada. The program is based on several representative and methodologically unified surveillance components which can be linked to examine the relationship between antimicrobials used in food-animals and humans and the associated health impacts.

This information supports:

- The creation of evidence-based policies to control antimicrobial use in hospital, community, and agricultural settings and thus prolong the effectiveness of these drugs, and
- The identification of appropriate measures to contain the emergence and spread of resistant bacteria between animals, food, and people in Canada.

In 2018, working with stakeholders, they launched two sentinel farm surveillance projects in feedlot and dairy cattle.

CIPARS is analyzing data from the new Veterinary Antimicrobial Surveillance Reporting (VASR) system which is generated under new regulatory authority requiring manufacturers, importers and compounders to report the quantity of medically important antimicrobials sold in Canada.

Governance & Management

CIPARS is coordinated by the Public Health Agency of Canada (PHAC) but is based on collaborations with governments (health and agriculture, federal, provincial, local), private industry (veterinarians, livestock producers, and abattoirs), and academia.

Primary source: canada.ca/en/public-health/services/surveillance/canadian-integrated-program-antimicrobial-resistance-surveillance-cipars

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



CANADIAN MOUNTAIN NETWORK



Background Information

Established in 2019 to support the resilience and health of Canada's mountain peoples and places through research partnerships based on Indigenous and Western ways of knowing that inform decision-making and action.

Other functions:

- To enhance the understanding of the impacts of rapid environmental, economic, and social change on the resilience of mountain systems.
- Decision making and actions at multiple levels are informed by both Indigenous and Western ways of knowing.
- To enhanced funding for mountain systems research by improving public and policymaker understanding and appreciation of the importance of mountain systems.
- Supporting a community of mountain systems researchers, to co-design and co-deliver projects with knowledge users. Build innovative models for partnerships.

Approx. 20 members (institutions receiving CMN research and programs funding). Members from across Canada except for Ontario and Manitoba. Supported by Canada's research granting agencies through a five-year, \$18.3 million grant from the Networks of Centres of Excellence program. Combined with contributions from diverse partner organizations, this funding represents a once-in-a-generation opportunity to position Canada as a global leader in mountain systems research at a time when Canada's mountain systems are undergoing rapid and uncertain change.

The Network has provided the opportunity for Indigenous organizations to directly apply for research funding alongside academics. Such projects received 32% of funding through the first call for proposals and respectful Indigenous partnerships and Indigenous leadership were at the core of several other funded projects administered by academic institutions. Several research projects underway.

In 2019- \$104,000 both revenue and expenses

Governance & Management

Not-for-profit corporation.

As the Corporation's ultimate decision-making body, the Board of Directors ensures the success of the organization by directing its affairs for the benefit of its members and ensuring legal and regulatory compliance.

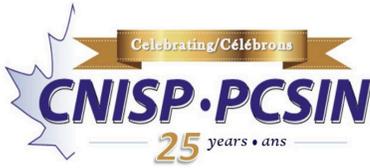
Governance standing committee: The Committee will advise and oversee the overall health of the board and the committees to ensure compliance to current policies and practices and to provide insight on emerging issues.

The Research Management Committee provides oversight of the Network Research Strategy and supports the development of CMN's research projects and programs by working collaboratively with Network Staff to provide advice and make relevant recommendations to the Board of Directors.

The Indigenous Circle of Advisors will bring Indigenous perspectives and experiences to inform the Network's decision-making to ensure credible and durable partnerships with Indigenous communities. While Indigenous individuals will be represented throughout the Network's management and governance structures, the Circle will be unique in ensuring a majority of members offer significant Indigenous-living experience. This is expected to elevate the perspectives of Indigenous Peoples within the Network and ensure its activities serve their needs and interests.

Primary source: canadianmountainnetwork.ca

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



CANADIAN NOSOCOMIAL INFECTION SURVEILLANCE PROGRAM



Background Information

Established in 1995. Collects national epidemiologic and laboratory (molecular and resistance) data on:

- Various healthcare-associated infections (HAI)
- Antimicrobial resistant organisms (ARO)
- Hospital-level antimicrobial utilization

The goal of CNISP is to help facilitate the prevention, control and reduction of HAIs and AROs in Canadian acute care hospitals through active surveillance and reporting. Data and specimens collected annually by CNISP produce national infection rates, identify organism strain types, monitor antimicrobial resistance and antibiotic usage patterns which all help to reduce the impact of HAIs and antimicrobial resistance in hospitals, which in turn impacts the community.

At present, 78 sentinel hospitals from 10 provinces and 1 territory participate in the CNISP network.

Governance & Management

Partnership between:

- The Public Health Agency of Canada's Centre for Communicable Diseases and Infection Control (CCDIC) and the National Microbiology Laboratory (NML)
- The Association of Medical Microbiology and Infectious Disease (AMMI) Canada &
- Sentinel hospitals across Canada

Primary source: canada.ca/en/public-health/services/surveillance.html#a6

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



CANADIAN POULTRY RESEARCH COUNCIL



Background Information

Established in 2001. An industry-led organization with a mandate to support poultry research in Canada.

The majority of CPRC's support for research is directed towards five main priority areas:

- Avian Gut Microbiology
- Environment
- Food Safety & Poultry Health
- Novel Feedstuffs
- Poultry Welfare & Behaviour

Revenue in 2018 approx. \$290K.

Committed more than \$2.7 million to poultry research funding over last decade.

Federal government invested up to \$8.24 million to the Canadian Poultry Research Council under the Canadian Agricultural Partnership, AgriScience Program Clusters (year unknown). This funding, which is in addition to an investment of \$3.78 million from industry, will be used to develop new products and processes to address threats to the poultry value chain and improve poultry health and welfare.

Governance & Management

5 board members & 3 staff.

The CPRC Board of Directors meets several times per year, in person and by conference call, to discuss existing and emerging issues relating to poultry research in Canada. Board meetings are also attended by staff representatives from each of the member organizations. This structure facilitates efficient communication between CPRC and its membership. Operational and financial decisions are subject to CPRC Board approval by majority vote. When required, consultations are first held between CPRC and its members to ensure that CPRC activities are within its mandate and performed in the best interests of the Canadian poultry sector as a whole.

Executive Committee made up of the Chair, Vice-Chair and one other director to provide support and oversight for CPRC's Executive Director.

CPRC is staffed by a full-time Executive Director (ED) and Research Administrator. CPRC office support is provided through an agreement with CFC, which oversees management of CPRC's accounting system, IT support and provides office space for staff. CPRC members contribute to maintaining staff capacity.

The CPRC members are:

- Canadian Hatching Egg Producers
- Canadian Poultry and Egg Processors Council
- Chicken Farmers of Canada
- Egg Farmers of Canada
- Turkey Farmers of Canada

Primary source: cp-rc.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



CANADIAN URBAN ENVIRONMENTAL HEALTH RESEARCH CONSORTIUM



Background Information

Established after 2015. Seeks to increase scientific understanding of the interactions among the physical features of the urban environment and health. This understanding will lead to cost-effective actions that promote healthy childhood development and aging, reduce the burden of chronic disease, and minimize the impact of changing environments.

CANUE members are actively involved in research projects that develop and make use of data in innovative ways, from taking advantage of the latest spatial analysis technologies to investigating the effects of urban characteristics on the health of Canadians of all ages.

CANUE is a consortium made up of voluntary members from the multi-disciplinary fields of environmental health research, health policy, and urban design and planning.

Approx. 250 members.

Governance & Management

CANUE uses a consensus-based decision model, with the Directors having ultimate responsibility for choosing the activities and approving budget allocations to meet goals and objectives. Team leaders integrate input from the membership at large into coherent and scientifically sound actions, in collaboration with the Directors and the CANUE Advisory Panel.

Their leadership and direction comes from a number of interactive teams and an advisory panel.

12 directors, 4 advisors, 3 specialists, 6 data teams, and 6 expert teams.

Primary source: canue.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



CANADIAN WILDLIFE HEALTH COOPERATIVE



Background Information

Established in 1992. A collection of highly qualified people within a cross-Canada network of partners and collaborators dedicated to wildlife health. The CWHC is dedicated to generating knowledge needed to assess and manage wildlife health and working with others to ensure that knowledge gets put to use in a timely fashion.

At the core of the CWHC is a partnership linking Canada's five veterinary colleges and the British Columbia Animal Health Centre. Branching from that core is a network that stretches into the public and private sectors that allows us to access critical expertise needed to detect and assess wildlife health issues and make sure results find their way to people who need to make decisions on wildlife management, wildlife use, public health and agriculture. Regional centres in each province.

The partnership includes all provincial and territorial governments, representing Fish & Wildlife, Environment, Agriculture and Health. Additional partners: the University of Saskatchewan, the University of Guelph, the University of Montreal, the University of Prince Edward Island, the University of Calgary, as well as the Canadian Wildlife Federation.

Fed gov sponsors ex. Environment Canada, CFIA etc.; Prov Government sponsors, nongovernment sponsors, university sponsors, partners and collaborators ex. Fisheries and Oceans Canada.

2019-2020 Revenue = \$1.9 million

Expenses = \$1.6 million

Governance & Management

Executive Committee: 15 members

Management Committee: 11 members

Associates in each province.

Governance mechanism/approach not available.

Primary source: cwhc-rcsf.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 2014, it is the national voice for reducing unnecessary tests and treatments in health care. Inspires and engages health care professionals to take leadership in reducing unnecessary tests, treatments and procedures, and enables them with simple tools and resources that make it easier to choose wisely. It does so by partnering with professional societies representing different clinical specialties (e.g., cardiology, family medicine, nursing) to come up with lists of “Things Clinicians and Patients Should Question.” These lists of recommendations identify tests and treatments commonly used in each specialty that are not supported by evidence and could expose patients to harm.

Choosing Wisely Canada also partners with a wide range of medical associations, health system as well as patient organizations to help put these recommendations into practice.

It is part of a global movement that began in the United States in 2012, which now spans 20 countries across 5 continents.

There are close to 350 documented quality improvement projects across the country that are building capacity for the spread and scale of Choosing Wisely. These efforts are underway in hospitals, long-term care homes, and primary care clinics. Many of these innovative projects, including their evidence-based tools and methods, have been packaged into easy-to-follow toolkits that are broadly circulated in order to encourage widespread adoption. This has allowed Choosing Wisely Canada to foster a network for those looking to implement campaign recommendations into practice.

Financial Supporters: Choosing Wisely Canada is organized by the Canadian Medical Association, the University of Toronto, and St. Michael’s Hospital (Toronto). It receives funding from the Canadian Medical Association, along with grants from federal, provincial and territorial ministries of health.

Governance & Management

Core Staff:

- Chair
- Campaign Director
- KT Lead
- Communications Specialist
- Project management staff (approx. 5)
- 8 Clinical Leads
- 2 Patient and Public Advisors

Campaign Partners:

- Professional Societies (approx. 80)
- Medical Associations (approx. 15)
- Health System Organizations (approx. 8)
- Patient Organizations (approx. 10)

Primary source: choosingwiselycanada.org

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



the CTN
CIHR Canadian
HIV Trials Network

CANADIAN HIV TRIALS NETWORK



Background Information

Established in 1990, the Canadian HIV Trials Network (CTN) facilitates and supports high-quality, community-collaborative, investigator-driven HIV clinical trials and innovative non-interventional research. Their work provides mentorship and training while sharing resources and expertise.

- Generates knowledge on the prevention, treatment, and management of HIV, hepatitis C (HCV), and other sexually transmitted and blood-borne infections (STBBIs), and to developing a cure for HIV through conducting scientifically sound clinical trials, research, and other interventions.
- Maximizes the impact of research to improve the health of Canadians. They accomplish this by applying knowledge gained through research into clinical and non-clinical practice, and making information more accessible to the community.

Functions:

- Facilitates and supports high-quality, community-collaborative, investigator-driven HIV clinical trials and innovative non-interventional research.
- Provides mentorship and training while sharing resources and expertise.

Approx. 60 organizational partners both domestically and internationally.

Key partner types: research (both domestic and internationally). Industry, & Non-Governmental Organization Collaborators. Number of Research Investigators approx.140

Impact: 300 Studies Reviewed, 20,000 participants since 1990, 140 investigators, 100 postdoctoral fellows

\$4.56 million annual budget. Sponsors: CIHR, UBC Providence Health Care.

Governance & Management

Steering Committee: 24 members.

Community Advisory Committee: 10 members.

Data Safety & Monitoring Committee: 5 members.

Scientific Review Committee: 13 members.

Funding Committee: 6 members.

External Advisory Committee: 5 members.

The core teams are responsible for managing the flow of concept development to protocols, supervising ongoing studies and mentoring junior investigators. In addition to reaching out to colleagues and sites across Canada, all four Cores are committed to working in partnership with individuals and clinical trial networks globally.

Core teams focus the expertise of clinical investigators, research coordinators, CTN support staff, and members of the HIV community, on generating study protocols that address the most urgent clinical questions of the day. Together, these teams function as a catalyst of scientific activity in their area.

Primary source: hivnet.ubc.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 1989, it is a coalition of more than 100 organizations across the country. Seeks to combat climate change, particularly by building social consensus for the implementation of comprehensive climate change action plans by all levels of government, based on the best available science, with specific policies, targets, timetables and reporting, and to work with Canada's governments, First Nations, Inuit and Métis, private sector, labour, and civil society for the effective implementation of these plans.

Coalition of 110 organizations. CAN-Rac's activities fall under three pillars:

1. Nurturing and providing services to a network of members
2. Policy development and advocacy with federal, provincial and municipal governments
3. Building and maintaining Canadian civil society's capacity to engage in the international sphere of climate action

CAN-Rac is an active member of Climate Action Network-International, a world-wide network of more than 1,100 non-governmental organizations in more than 120 countries.

About 130 member organizations.

Over the past few years, CAN-Rac has helped convene a diverse network of civil society groups that have helped to develop, inform, and drive implementation of a wide array of the more than 50 distinct climate policies embedded within Canada's current climate plan, the Pan-Canadian Framework on Climate Change and Clean Growth (PCF). They celebrated a key victory in this campaign with the government's 2019 election promise to legislate Canada's long-term targets and interim 5-year carbon budget.

Revenue 2018-2019: \$490,076. Sources of funding include: ECHO Foundation, Environment and Climate Change Canada, Environmental Defence, European Climate Foundation, Ivey foundation, LUSH Charity pot, SISU Institute, TIDES foundation, United Church of Canada, United Nations Association in Canada, and individual donors.

Governance & Management

14 Board of Directors representing 14 different environmental organizations.
6 Staff Members.

Governance mechanism/approach not available.

Primary source: climateactionnetwork.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



DO BUGS NEED DRUGS?



Background Information

Launched in 1998. A community education program about handwashing and responsible use of antibiotics. Materials are available for healthcare professionals and the public that explain why antibiotic resistance is an issue, and steps to prevent antibiotic resistance from developing.

The Do Bugs Need Drugs? program started as a small six-month pilot in Grande Prairie, Alberta, Canada in 1998-99. Currently it is a provincial program in Alberta and British Columbia. Components of the program are used elsewhere in Canada, the United States and abroad.

Programs are available for physicians, pharmacists, nurses, teachers, schools, daycare centers, preschools, early childhood educators, occupational health nurses, human resources personnel, older adults, parents, children and the general public.

Bugs & Drugs® is the recommended reference for treatment of infectious diseases and appropriate antimicrobial use. It is peer-reviewed, evidence-based, and frequently updated. The Bugs & Drugs antimicrobial prescribing resource is available as an app for Apple or android mobile devices; content is developed, maintained and owned by AHS Pharmacy Services

Bugs & Drugs® is supported by the Do Bugs Need Drugs? ® community-education program, and is funded by the Health Ministries of the provinces of Alberta and British Columbia.

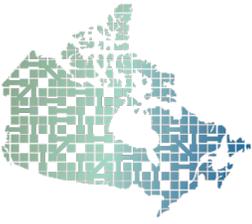
Governance & Management

Founder, 8 members part of the team for each of the Alberta and British Columbia programs.

In Alberta DBND is part of AHS Population Public and Aboriginal Health, Communicable Disease Control. In British Columbia, DBND operates out of the British Columbia Centre for Disease Control, an agency of the Provincial Health Services Authority.

Primary source: dobugsneeddrugs.org

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



HEALTH DATA RESEARCH NETWORK



Background Information

Established in 2020. Connects individuals and organizations across the country to share expertise, identify opportunities for collaboration, and foster innovation in ways that respect public expectations and Indigenous data sovereignty.

Seeks to improve health and well-being by making data accessible to researchers, institutions and government agencies across Canada for research that will foster improved health outcomes for all Canadians.

Member organizations (17)- HDRN Canada Organizations are those that were co-applicants to the CIHR application to develop the SPOR Canadian Data Platform (SPOR CDP) and are actively engaged in the governance and operations of HDRN Canada.

The SPOR Canadian Data Platform (SPOR CDP) is the first initiative of HDRN Canada. It is funded by the Canadian Institutes of Health Research – Canada’s national health research funder – and contributions from provincial, territorial and pan-Canadian organizations. SPOR CDP infrastructure supports improved access to data, automation of data analysis, and ongoing engagement with the public, patients, and Indigenous communities.

Governance & Management

Non-profit corporation.

The Health Data Research Network’s Board of Directors provides responsible and effective governance over the organization’s activities and affairs. Four members.

Directors represent a variety of backgrounds, including clinicians, researchers, patients and decision-makers. They bring a diversity of views and perspectives informed by their unique experiences within the healthcare system, including by gender, by age and by region of residence, within rural and urban settings.

Directors are elected at the Annual General Meeting (AGM) and serve for a term of three years. The Interim Advisory Board was established in January 2019.

10 members on executive team.

Primary source: hdrn.ca

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

Established in 2005. Aims to be nationally and internationally recognized as the main source for supportive resources and to find a community of health promoters from every province and territory, sharing tools, resources and strategies for progressive health promotion practice.

HPC's vision is to connect health promoters from every province and territory in Canada, sharing tools, resources and strategies to practice health promotion effectively, ethically and comprehensively. HPC aims to be recognized in Canada as the go-to national association to enhance the capacity of Canadian health promoters that ultimately will promote health and health equity among communities empowering people to achieve their full life potential.

HPC seeks to advance the practice of health promotion by supporting and uniting:

- Students
- Researchers
- Practitioners
- Employers

Has Provincial chapters.

Sample initiative: Development and validation of a set of Health Promoter Competencies; the creation of an online toolkit to support application of the competencies; and, the creation of a network of health promoters to foster communication regarding the competencies, the toolkit and other issues of interest to health promoters. The results of this project will aid competency-based workforce development for health promoters assisting three target audiences: health promoters, those that hire and manage them, as well as academic institutions that provide health promotion education programs and continuing education.

Budget not available.

Governance & Management

National Executive Group: 14 members with representatives from each province.

Primary source: healthpromotioncanada.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

The national voice of action for health organizations and hospitals across Canada. They advocate in support of health research and innovation; to enhance access to high-quality health services for Canadians; and empower health professionals through best-in-class learning programs.

HealthCareCAN continues to play a leadership role in promoting Antimicrobial Stewardship (AMS) programming and advocating for increased resources to move the needle on AMS in Canada. Developed a 10-point roadmap for improving AMS in Canada.

40+ members, 12 affiliate members, 1 associate member, and a limited number of honorary life members.

2019 Revenue and Expenses approx. \$3.3 million.

Governance & Management

Board of Directors: 8 Members

Executive committee: 4 Members

Governance mechanism/approach not available.

Primary source: [HealthCareCAN 2019-2021 Strategic Plan](#)

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

Incorporated in 1976. IPAC is a not-for-profit voluntary association for those who are professionally or occupationally interested in the prevention and control of infections in all settings. Their mandate is to provide education, communication, networking, and advocacy on behalf of all members.

IPAC Canada represents 1,500 members from across the continuum of care, both national and international. They have 20 chapters across Canada. While a significant number of their members are from acute care settings, a growing segment is long-term care. Long-term care members utilize IPAC resources to ensure the health and safety of their residents.

Services and access provided to members:

- Education: Current evidence and research; guidelines, best practice tools; continuing education, distance education, certification opportunity, local chapter education; national conferences; free webinars
- Communication – Website; quarterly journal, monthly e-news, e-blasts
- Networking – Local chapter; in-person or electronic meetings; sharing, information gathering, interest groups, communication with local and national peers; mentor program; IPAC Chat
- Advocacy – Local, Provincial and Federal representation; increasing the profile of members; a voice in national and global issues

Other services provided:

Audit Tools – 50+ healthcare settings (for members only)
Audit Tool App – Free to members
Hand Hygiene Module and Toolkits
Routine Practices E-Learning Tool

Sample initiative from 2017: Working with CNISP and CIHI to develop a national repository for data collection, analysis and benchmarking.

In 2019 approx. \$1million in revenue and expenses.

Governance & Management

11 on the Board in 2018, including 5 Executive Officers, and 6 Directors. .

Board reports to the Members.

Executive Director reports to the Board.

2 Interest Groups

Conference Planning Committee

Internal and External Committees

11 Other Staff

Primary source: ipac-canada.org

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



NATIONAL COLLABORATING CENTRE FOR HEALTHY PUBLIC POLICY



Background Information

Established in 2005. One of Canada's six National Collaborating Centres for Public Health, or NCCs. The NCCs were created in 2005-2006 in order to help to bridge research with action.

Each NCC is based at a different host institution and each has a specific topic, but all share the same mandate to synthesize and share knowledge in collaboration with frontline practitioners, policy makers, researchers, and others to improve public health policies and practices in Canada.

Other key goals include:

- creating and supporting networks
- identifying knowledge gaps
- promoting research

Their mandate is to increase the expertise of public health actors across Canada in healthy public policy through the development, sharing and use of knowledge. At the NCCHPP, their interest is in Healthy Public Policy, which they understand to mean public policy that potentially enhances populations' health by having a positive impact on the social, economic, and environmental determinants of health.

Financed by the Public Health Agency of Canada.

Governance & Management

Advisory council and scientific advisors.

The mandate of the advisory council is to guide and support the Centre's management in its choices of strategic orientations and in the development of the Centre's program of activities.

13 staff, 11 on advisory council.

Primary source: ncchpp.ca/en

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



NATIONAL FARM ANIMAL CARE COUNCIL



Background Information

Established in 2005. Brings together diverse stakeholders to:

- Develop Codes of Practice for the care and handling of farm animals
- Create a process for the development of animal care assessment programs
- Provide a forum for open dialogue on farm animal welfare

NFACC is based on a foundation of trust, communication and respect. It is a member-driven organization

28 partners, including provincial ministries of agriculture, and research community with representative currently from University of Guelph.

Sample initiative:

The 'Market Relevant Codes and Communications Leadership' project led to development of five new Codes of Practice. These Codes are now part of a family of twelve Codes developed through NFACC's collaborative, multi-stakeholder, and consensus-based process. Codes are seen as 'change management tools' that enable us to collectively identify what's possible, how it is possible, and often under what timelines.

Only organization in the world that brings together animal welfare groups, enforcement, government and farmers under a collective decision-making model for advancing farm animal welfare.

Governance & Management

NFACC members and partners meets 2-3 times a year.

The Executive meets more frequently with monthly teleconferences.

The Executive includes:

- NFACC's Chair
- National Commodity Associations – 2
- National Meat/Poultry Processor Associations – 1
- National Animal Welfare Associations – 1
- National Retail, Restaurant and Food Service Associations – 1
- National Veterinary Association – 1
- Provincial Farm Animal Care Councils – 1
- Federal Government – ex officio non-voting – 1
- Research Community – ex officio non-voting - 1
- NFACC General Manager

NFACC functions on a consensus-based model of decision making. As such, all partners of the Council have an obligation to support the decisions and positions of NFACC.

Primary source: nfacc.ca

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

Established in 2010. The council brings together industry, F/P/T partners to provide collaborative guidance on a cohesive, functional, and responsive farmed animal health and welfare system in Canada. Be it animal welfare, emerging diseases, animal health surveillance, antimicrobial use and resistance or One health and One welfare concepts, they work in partnership to elevate farmed animal health and welfare and accelerate results.

Developed the National Farmed Animal Health and Welfare Strategy in collaboration with the Joint Working Group with participants from the Council of Chief Veterinary Officers, the Canadian Food Inspection Agency, the farmed animal industry, and the Canadian Animal Health Coalition.

Membership: Council members are designated by stakeholders and include federal, provincial and industry/non-government members from both animal health and welfare and public health sectors. All issues are considered in a One Health context.

Approx. \$350,000 in revenue in 2019-2020.

Governance & Management

The Council identifies work areas annually which are important to the animal health and welfare system and contribute to the priorities of the FPT Regulatory ADM of Agriculture Committee. The work areas are developed by working groups which may be enhanced with the addition of external representation which technical or policy expertise. The Council is engaged by the working group during development and has final approval of the document and recommendations.

Structure: an organizational model that incorporates the following distinct divisions:

- National Farm Animal Care Council
- Canadian Animal Health Surveillance System

Staff made up of Executive director and Executive Assistant, Coordinator. 18 council board members

Membership consists of 26 council supports (ex. Associations and governments, PHAC etc.) & F/P/T government representatives.

Primary source: ahwcouncil.ca

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



NATIONAL ZERO WASTE COUNCIL



Background Information

Established in 2013. Leading Canada's transition to a circular economy.

Guiding Principles

- Commit to collaboratively working with business, government and community partners to develop new solutions
- Adopt a waste prevention and reduction framework that positions Canadian cities and businesses to compete globally
- Align with global and international initiatives
- Promote the economic, social, and environmental benefits associated with the conservation of resources
- Consider local and global consequence and long-term impacts

Founded by Metro Vancouver in collaboration with the Federation of Canadian Municipalities in 2013, the Council has united, among others, six of Canada's largest metropolitan regions – Metro Vancouver, Toronto, Montreal, Halifax, Calgary and Edmonton – with key business and government leaders, academia and non-profit organizations in a call for national action and systems change to address waste generation.

Approx. 30 member organizations.

The National Zero Waste Council initiated the Love Food Hate Waste Canada campaign as a key deliverable of its strategy to reduce food waste across Canada. Love Food Hate Waste (LFHW) Canada is a multi-year, collaborative campaign bringing together governments, retailers and others to help consumers rethink their relationship with food. The campaign, launched in 2018, by the Council in collaboration with its campaign partners provides consumers across Canada tips and ideas to effectively prevent food waste. The Zero Waste Conference is presented by Metro Vancouver and the National Zero Waste Council, offering participants a curated program of local and global thought leaders who share their insights and inspirations about circular economy success stories and waste prevention innovations.

Governance & Management

Governed by a Management Board, with staff and administrative support provided by a Secretariat. The Council uses member-led working groups to collaboratively advance projects in support of its vision and mission.

Chair and vice chair plus 27 members on Board.

Executive leadership responsible for the Council's strategic development, business planning and operations.

Primary source: nzw.ca

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



ONTARIO NONPROFIT NETWORK



Background Information

Established in 2007. Activates a provincial network to develop and analyze policy, and work on strategic issues through working groups, sector engagement and government relations. They operate as a network and actively support the development of regional nonprofit networks.

They are the independent network for the 58,000 nonprofits in Ontario, focused on policy, advocacy, and services to strengthen Ontario's nonprofit sector as a key pillar of society and the economy. They focus on public policy, legislation and systems issues to influence change at the broader level.

Their funding comes from several sources:

- Members: Ontario nonprofits that pay membership fees based on the size of their organization
- Partners; project grants and support from private and public charitable foundations and companies
- The provincial and federal governments

They have diverse sources of funding; they are not not dependent on any one source. They're proud that over half of their funding is self-generated earned income, ensuring independence and financial sustainability.

Revenue approx. \$1.2million

Governance & Management

Distributive Collaboration Model.

Board of Directors: 8 members. The ONN Board is the governing body that supports ONN through communications and strategic leadership. Members of the Board are stewards of the public benefit sector and the work that is being undertaken in relation to the sector. Board Members are not representative of their organization's or sub-sector's particular interests.

The Policy Committee brings their expertise and experience in public policy and provides valuable feedback on the development of policy priorities set out by the ONN staff team. 17 members.

ONN convenes working groups in formal and informal capacities to help shape policy and address issues relevant to Ontario's nonprofit sector. They engage with hundreds of volunteers and representatives from other nonprofits in this work as needs arise and for specific policy objectives or opportunities. They have made some of their finest volunteers lifetime members.

Have Advisory committees.

12 members on staff.

Primary source: theonn.ca

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



PAN-CANADIAN JOINT CONSORTIUM FOR SCHOOL HEALTH



Background Information

Established in 2005. A membership of government departments or ministries. The Department of Education and the Department of Health in each of the provinces and territories with the exception of Quebec form this membership. Working closely with the members in a funding and supportive role is the Public Health Agency of Canada as the federal collaborator.

Since 2005, these 25 ministries/departments and agency have represented a common voice in Canada on the promotion of a comprehensive approach to wellness and success of all students.

The broad direction for JCSH may be outlined in three areas:

- Strengthen cooperation among ministries, agencies, departments, and others in support of healthy schools
- Build the capacity of the health and education sectors to work together more effectively and efficiently
- Promote understanding of, and support for, the concept and benefits of comprehensive school health

Funding for the JCSH operations and the cost of the Secretariat will be shared among the federal and the provincial/territorial jurisdictions:

- Public Health Agency of Canada will contribute \$250,000 annually
- Provinces and territories will match this contribution annually.

Revenue: \$500,000.

Governance & Management

The JCSH is governed by two Deputy Ministers' committees – the Advisory Committee of Deputy Ministers of Education (ACDME) and the Conference of Deputy Ministers of Health (CDMH).

The JCSH Management Committee is composed of Assistant Deputy Ministers and other senior officials representing the Education and Health Departments in each member province and territory. The Management Committee provides the main forum for executive level discussion and decisions affecting the work of the JCSH.

Each province and territory has named a School Health Coordinator. The JCSH School Health Coordinators' Committee serves as a pan-Canadian forum to advance comprehensive school health initiatives across Canada, and to support collaboration and alignment between health and education sectors in the promotion of health through the school setting.

The Public Health Agency of Canada acts as the lead contact for the federal government.

Primary source: jcsh-cces.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 2009 to strengthen the healthy food and farming sector. They work to:

- Mobilize knowledge. Provide opportunities for Members to share their experiences, knowledge, and ideas to support their mission
- Turn policy into action. By convening Members, they bridge differences, share diverse viewpoints, and collaborate. With this a credible province-wide base of support, they turn policy ideas into concrete action, through research, writing, strategy development, and effective advocacy
- Engage the sector. They seek areas of mutual benefit and opportunities for collaboration across the whole sector

Membership is open to food and/or farming non-profit organizations and businesses that are owned by Ontarians or that have substantial activity in Ontario.

~100 members and associate members.

Sample initiatives/activities: Community Growing Network – An Ontario-wide network bringing together a variety of community gardens, urban agriculture projects, and organizations. The network comes together to share resources, discuss new ideas and strategize for the future of growing in Ontario.

Engagement of stakeholders in development and discussion of Ontario Food and Nutrition Strategy. The strategy was developed in collaboration with many experts and stakeholders representing agriculture, food, health, First Nations, Inuit and Métis communities and organizations, from sectors spanning not-for-profit, public health, academia and government. Consultations, discussions, face-to-face meetings and outreach initiatives were among the many formats used to collaborate across Ontario

Funded by member contributions. 2018 Expenses were \$123,000.

Governance & Management

Members drive the work by sharing their ideas, perspectives, and energy to advance mission.

Board of directors set strategic direction and program priorities, and to guide and support the Executive Director and staff of the organization.

Networks coalesce around interest in common area of food and farming. Serve primarily as hubs for information sharing.

Working groups are self-organizing teams led by interested and engaged leaders. STAFF implement the strategic directions informed by the Membership and set by the Board of Directors.

Primary source: sustainontario.com/about

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



SUSTAINABLE DEVELOPMENT SOLUTIONS CANADA



Background Information

Established in 2018 to build an on-going pan-Canadian network of post-secondary institutions, civil society, and others, to facilitate learning and accelerate problem solving for sustainable development.

Functions:

- Link Canadian experts on a universal agenda for sustainable development
- Organize national/sub-national sustainable development meetings bringing together key actors to identify and promote regional solutions initiatives
- Foster debate on sustainable development within Canadian academia and society
- Conduct action-oriented research
- Develop and continually improve educational programming for sustainable development

30+ network partners.

Sample initiatives/activities: Held during the start of the COVID-19 pandemic, Together[Ensemble was Canada's first online all-of-society conference devoted to tracking progress on the Sustainable Development Goals (SDGs). The event brought together an impressive mix of over 100 speakers in more than two dozen sessions for an audience of 1,400 attendees.

SDG Toolkit: A practical guide to the United Nations Sustainable Development Goals in post-secondary institutions. Colleges and Institutes Canada with the support of Employment and Social Development Canada are assessing the level of awareness and integration of the United Nations' 2030 Agenda and Sustainable Development Goals (SDGs) in their member institutions.

The Government provided \$49.4 million over 13 years, starting in 2018–19, to establish a Sustainable Development Goals Unit, and fund monitoring and reporting activities by Statistics Canada.

Governance & Management

Leadership Council has 6 members representing various environmental organizations.

Primary source: uwaterloo.ca/sustainable-development-solutions-network-canada/about

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



SWINE INNOVATION PORC



Background Information

Established in 2010. A non-profit corporation committed to facilitating research in the Canadian swine sector. Their main objective is to enhance the profitability and sustainability of the pork industry by supporting the development of the most innovative technologies that will benefit the pork value chain.

Their main roles:

- Determine national research priorities
- Develop multi-institutional and multi-disciplinary R&D programs
- Act as a coordinator for the research community and industry partners
- Deliver timely and effective knowledge transfer programs
- Encourage the development of highly qualified professionals as well as research skills
- Leverage producer dollars

Since 2010, Swine Innovation Porc has supported 34 projects through two research programs.

Swine Innovation Porc is funded by the federal government (Agriculture and Agri-Food Canada), eight provincial pork organizations as well as multiple private partners within the pork industry.

100+ financial partners.

\$18.5 million Swine Cluster 3 National Research program is the centrepiece of their R&D activities.

Governance & Management

Board, Management Team, Advisory Board

Swine Innovation Porc's Board of Directors consists of 10 representatives from the following organizations/entities:

- Alberta Pork
- Les Éleveurs de porcs du Québec
- Manitoba Pork
- Ontario Pork
- PEI Pork & Porc NB Pork
- Sask Pork
- Ontario Pork Sector
- Quebec Pork Sector
- Pork Value Chain

The Science Advisory Body (SAB) is a committee that evaluates the scientific integrity of all research proposals submitted to Swine Innovation. Members of the SAB are recognized professionals who are well-known in their fields and they represent a diverse range of expertise within swine research. This committee reviews research proposals, offers scientific expertise, gives technical advice and ultimately provides the Board of Directors with their recommendations. 7 members.

4 members on management team.

Primary source: swineinnovationporc.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



TORONTO ALLIANCE TO END HOMELESSNESS



Background Information

Established in 2014. A community-based collective impact initiative that recognizes the critical importance of working in a new way towards a common vision of zero chronic and episodic homelessness in Toronto. TAEH seeks to mobilize the collective impact necessary to effect change in Toronto to achieve and maintain zero homelessness. They believe homelessness is not acceptable and that it can and should end.

Since beginning to meet in late 2014, the TAEH is evolving from a grassroots network of organizations in the sector into a strategic leadership team mobilizing the city to end chronic and episodic homelessness by 2025.

We work to engage individuals and organizations that represent a broad segment of society and include people with lived experience of homelessness (PWLE), service delivery agencies, research and policy organizations, consumer driven organizations, businesses, associations and advocacy groups and community organizations.

The Alliance is supported by the Zukerman family foundation and Ontario Trillium foundation.

Governance & Management

Their new governance model retains the structure and flexibility of the constellation model recommended in June 2016, and also respects the tenants of the collective impact framework (common agenda and shared metrics) that has come to guide TAEH's development. Importantly, it allows different levels of engagement in the TAEH and their campaign to end chronic and episodic homelessness in Toronto.

Governance Components:

- **Community Partner & Individual Support:** These are the foundation of the TAEH. They are organizations and individuals that make up the eco-system of TAEH's collective impact initiative to end homelessness in Toronto.
- **Working Groups:** These are essential to the TAEH Theory of Change and take on strategic priorities and challenges of the TAEH.
- **The Steering Committee:** Focuses and guides the TAEH.
- **PWLE:** People with lived experience are an essential part of the work to end homelessness. They work with and strive to learn from people with lived experience on a continuous basis.
- **The Champions Table:** To start in 2018, will promote and champion the TAEH across Toronto's diverse communities.
- **The Secretariat:** Supports all roles in the TAEH governance structure. Together with the Steering Committee and the Champions' table it makes up the backbone team of the TAEH.
- **Toronto Housing and Homelessness Service Planning Forum:** This is co-chaired by the Shelter, Support and Housing Administration (SSHA) of the City of Toronto and the TAEH. It meets quarterly as a collaborative forum and is open to everyone, not just TAEH partners and supporters.

Primary source: taeh.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



AMR INDUSTRY ALLIANCE



Background Information

Established in 2017, is one of the largest private sector coalitions set up to provide sustainable solutions to curb antimicrobial resistance, with over 100 biotech, diagnostics, generics and research-based pharmaceutical companies and associations joining forces.

AMR Industry Alliance measures and drives the life-sciences industry progress to curb antimicrobial resistance in four different areas:

- Research & Science
- Appropriate Use
- Access
- Manufacturing

Contribute sustainable solutions to curb antimicrobial resistance by creating a broad industry momentum and facilitating collaboration between the public and private sectors. The Alliance increases accountability and facilitates progress by breaking down the traditional silos across the life-science industry and sharing information.

Approx. 100 partners in North America and the world

Overall, in 2018 a total of 56 Alliance members invested more than US\$1.6B into the development of AMR-relevant products to tackle AMR, including 24 antibiotics and antifungals, 11 vaccines, 16 diagnostic platforms or assays, 10 non-traditional approaches, and 1 other AMR-relevant product. This is a subset of the overall Alliance and private-sector investment in AMR-relevant R&D. Since the public sector invests approximately US\$500M per year in AMR-relevant R&D, the life sciences industry remains by far the dominant funder of AMR-relevant R&D.

Funding budget not available, launched by International Federation of Pharmaceutical Manufacturers & Associations.

Governance & Management

Working Groups dedicated to the 4 action areas: Research & Science, Access, Appropriate Use and Manufacturing

Secretariat: IFPMA serves as the secretariat of the AMR Industry Alliance with the responsibility of implementing the activities endorsed by the Board.

Representatives from Industry, Research based pharmaceuticals, biotechnology, generics companies, diagnostics. 16 members in total.

Primary source: amrindustryalliance.org

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

Established in 2017, AMR Insights is a network-based organization interacting with professionals around the globe: in Human and Veterinary Health, Agrifood and Environment. Professionals in private companies, academia, authorities and NGO's.

AMR Insights informs, educates and connects relevant professionals around the globe with the aim to curb Antimicrobial resistance:

- Informing: Information platform & E-newsletter
- Educating: Masterclass AMR & Seminars on AMR
- Connecting: International Matchmaking Symposia & Innovation Missions
- Focal areas target different professionals

AMR Insights distinguishes 6 Focal Areas:

- Healthy Patients
- Effective Surveillance
- Healthy Animals
- Secure Food
- Clean Environment
- Smart Innovation

AMR Insights offers targeted, up-to-date information, training courses as well as knowledge exchange and partnering opportunities during AMR Insights' own international symposiums and innovation missions. AMR Insights is developing into the most active source of information, expertise and inspiration in combating AMR within and outside the Netherlands

The AMR Insights Ambassador Network is a growing, distinctive group of professionals who stand out for their commitment, willingness to cooperate and open attitude to combat Antimicrobial resistance (AMR). ~200 members

Governance & Management

Maarten van Dongen is founder and driving force behind AMR Insights.

AMR Insights is a network-based organization interacting with professionals around the globe: in Human and Veterinary Health, Agrifood and Environment, Professionals in private companies, academia, authorities, and NGOs.

AMR Insights targets 6 different focal areas. Within each focal area, professionals are dealing with AMR in a multitude of ways but with the same overall goal. This overall goal is expressed in the name of the focal area.

Primary source: amr-insights.eu

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 2016, it is a Global non-profit partnership dedicated to accelerating antibacterial research to tackle the global rising threat of drug-resistant bacteria.

Mission: Accelerate a diverse portfolio of innovative antibacterial products towards clinical development and regulatory approval with funding, expert support and cross-project initiatives. They focus on the dangerous bacteria identified by the WHO and CDC priority lists.

Their pipeline strategy is to fund and support projects with diverse approaches and mechanisms of action. “The more shots on goal we have, the more likely we are to deliver new treatments and approaches for drug-resistant bacteria.” The projects in the Powered by CARB-X portfolio are in the early stages of research, and there is always a high risk of failure. But if successful, these projects, hold exciting potential in the fight against the deadliest bacteria. If even one succeeds, it will be tremendous progress. CARB-X is funded by the United States Department of Health and Human Services, the Wellcome Trust in the United Kingdom, Germany’s Federal Ministry of Education and Research, the UK Government’s Department of Health and Social Care, through its Global Antimicrobial Resistance Innovation Fund, the Bill & Melinda Gates Foundation, , and the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH).

CARB-X is investing up to US\$480 million from 2016-2022 to accelerate the development of innovative antibiotics and other therapeutics, vaccines, and rapid diagnostics to address drug-resistant bacteria. CARB-X is led by Boston University and is headquartered in the Boston University School of Law.

Since launch, \$241 million invested, 1100+ application received from around the world, 67 projects in 10 countries funded so far, 45 active projects in the pipeline, 19 milestone progression options grants, 7 graduates (1 with regulatory approval to date).

Governance & Management

CARB-X is governed by the Joint Oversight Committee (JOC), which acts as the board of directors with full oversight for CARB-X, ensuring the highest scientific and ethical standards. The JOC is made up of representatives of CARB-X’s funding organizations and management team.

The JOC makes research investment decisions based on recommendations from the Advisory Board which reviews applications for funding selected through a global competitive process.

Members of the JOC and the Advisory Board complete a conflict-of-interest process and are excluded in participating in any decision in which they may have a conflict.

Joint Executive Team: 5 members

Joint Oversight Committee: 14 members

Primary source: carb-x.org

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

Established in 2010. World's premier non-profit organization dedicated to protecting humans, animals, and the environment from the ravages of disease emergence. Working in more than 30 countries worldwide, EcoHealth Alliance develops innovations in research, training, capacity building, policy initiatives, and designs tools and interventions to prevent pandemics and promote conservation.

Leads scientific research into the critical connections between human, animal, and environmental health. They develop solutions that prevent pandemics and promote conservation.

Takes a holistic One health Approach.

Corporate, government, and academic partners around the world. Approximately 60 organizations.

Their global field work has led to the detection of more than 1,000 unique viruses and the discovery of 815 completely new ones. Their teams have trained more than 2,500 scientists, veterinarians, public health professionals, lab technicians, foreign government ministers, and medical personnel in disease prevention and prediction methods.

Implement local conservation and public health programs through a variety of partnerships and collaborations. Their alliance partners include local scientists, universities, nongovernmental organizations, foreign ministries and agencies.

\$16 million in revenue, 91% Government grant-funded.

Governance & Management

Board of directors sets the strategic direction, ensures the financial health and sustainability of the organization, and hires and evaluates the performance of the president. Board provides expertise to help the organization enhance its ability to conduct research, advance science, and protect human, animal and ecosystems health.

Senior Leadership: dedicated to furthering the organization's mission through solid research and the expertise of its scientific experts.

EcoHealth Alliance's expert scientists include wildlife veterinarians, epidemiologists, biologists, technologists, analytic modelers and public health professionals.

Staff, senior leadership is dedicated to furthering the organization's mission through solid research and the expertise of its scientific experts.

Fellows are partners in their global research working to stop pandemics before they start.

Young Professionals Council dedicated to raising awareness for the organization and its mission among young professionals. The Young Professionals Council aims to garner support for EcoHealth Alliance from a wide network of savvy, influential patrons through social outreach, special events, and lending the support of their own unique skills.

Primary source: ecohealthalliance.org/about

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 2015. Combines world class research with an interdisciplinary approach in combatting the increasing resistance that microbes display to countermeasures like antibiotics.

- Integrate responses through research excellence
- Enable engineers, physical scientists, clinicians, and social scientists to work together
- Find ways through these means, to bring antimicrobial resistance under control and attack this problem by preventing infection

Research falls into five themes: Prevention, behaviour, therapeutics, sensing diagnostics, and water sewage and waste. Members (researchers, students, policymakers, representatives from government and industry) are drawn from across the world, all wanting to tackle the threat of antimicrobial resistance. Approx. 100 members. External members act as ambassadors.

Based out of University of Southampton, UK. The network is currently unfunded, but is seeking support to enable UK researchers, healthcare workers and vets, industry, food producers, and policymakers to meet with knowledgeable contacts from LMICs so that they can:

- Understand the problems associated with Antimicrobial Resistance and Infection Prevention in LMICs
- Design solutions that are easy for the user to adopt, taking into account local constraints (training, infrastructure, transport, communications, resources, political and cultural pressures, socio-economic and historical drivers etc.)
- Educate UK academia on the need for such communication channels if real improvements are to be made

Research into Antimicrobial Resistance is communicated through film, radio interviews, and articles in magazine and blogs.

Governance & Management

Structure:

- Chair
- Steering Group (16 members)
- Steering Committee for Global NAMRIP (14 members)
- Ambassadors (6 members)

Governance mechanism/approach not available.

Primary source: southampton.ac.uk/namrip

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

Established in 2019. An interdisciplinary research-to-action network intent on strengthening Canadian leadership in improving the global governance of infectious diseases and antimicrobial resistance. The Network brings together researchers and knowledge users from the social sciences as well as human, animal, and environmental health sciences to develop a transdisciplinary One Health approach to ID and AMR governance at global, national, and local levels.

The objectives of Global 1HN are to:

- Develop and sustain a Network of local, national and international state and non-state actors to facilitate collaborative interactions among civil society, academics, industry, and policy communities
- Strengthen capacity for inter- and transdisciplinary research on, and the practice of, global governance of IDs and AMR
- Facilitate evidence-informed actions through: synergistic engagement of social and health sciences approaches to OH global governance; identifying and addressing existing barriers to, and enhancing existing and potential enablers of OH governance; and developing a OH evaluation framework
- Facilitate the implementation of a transdisciplinary OH approach to global governance of IDs and AMR through an integrated KT strategy

Network activities are spread across four Research Enabling Platforms (REPs) with the aim of generating new One Health transdisciplinary knowledge, by facilitating novel research collaborations in areas of crucial significance to the global governance of IDs and AMR. Each REP is located at one of the four main hosting institutions of Global 1HN:

- Surveillance (Université de Montréal)
- Response (University of Calgary)
- Institutionalization (York University) in the global governance of AMR
- Systematic aspects of equity (University of Ottawa)

CIHR funded.

Governance & Management

Network leads (2), Principal Knowledge User (1), Members (48), International Knowledge Users (3), and a Member from the European Affiliate Network (SoNAR Global).

Co-leads and executive committee oversee 4 work packages:

1. Network management
2. Enhance research capacity
3. Developing research-enabling platforms
4. Connect and engage

Primary source: global1hn.ca

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 2014, is a global collaborative platform, engaging 28 member nations to curb antibiotic resistance (AMR) with a One Health approach. The initiative coordinates national funding to support transnational research and activities within the six priority areas of the shared JPIAMR Strategic Research and Innovation Agenda – therapeutics, diagnostics, surveillance, transmission, environment and interventions.

JPIAMR currently has 28 member states. The European Commission is a non-voting member.

Approx. 44 members from around the world. Yearly, JPIAMR joint funds research- and networking calls. Now for the tenth consecutive year. To date JPIAMR has supported 61 projects and over 340 research groups, 31 networks, with funding of approximately 80 million Euro. G7, G20 and the EU recognizes JPIAMR as a key initiative to support, and mechanism enabling global collaboration and coordination of calls. JPIAMR is pre-announcing a new research call in the area of AMR One Health Interventions and Transmission. 30 agencies and organisations from 21 JPIAMR member countries are participating in this call and the approximate budget is 25 million euros, including co-funding from the European Commission.

JPIAMR is continuously adding member nations.

JPIAMR is mapping AMR research funding continuously. €1.8 billion has been invested by Jan. 1st, 2017, in AMR research by JPIAMR members. JPIAMR has created an interactive dashboard that provides overview of the grant investments and research capacities. This tool visualises key data on how to invest in AMR research. Avoiding duplication – enabling innovation.

The JPIAMR is currently developing a platform to extend shared research capabilities on a global scale through the Virtual Research Institute (JPIAMR-VRI).

Governance & Management

The governance structure of JPIAMR includes a Management Board, a Steering Committee, a Scientific Advisory Board, a Stakeholders Advisory Board and a Secretariat.

The JPIAMR Strategic Working Groups contribute to the different activities of the JPIAMR related to governance, globalisation, policy alignment, the development of the JPIAMR Virtual Research Institute, research infrastructures and industry relations.

The Management Board is the main decision- making body of JPIAMR. It represents each member country with two representatives which have a Governmental mandate.

The Steering Committee provides steering direction of the JPIAMR initiative and strategic input to deliver its mission with 6 members.

The Scientific Advisory Board (SAB) assists the Management Board and the JPIAMR initiative in all matters of scientific interest, including establishing the Strategic Research Agenda (SRA), and proposing scientific priorities based on societal needs and new scientific evidence. It supports also the activities to implement the SRA with approx. 15 members.

The JPIAMR secretariat is hosted by the Swedish Research Council in Stockholm, Sweden, with 8 members.

Primary source: jpiamr.eu

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

Established in 2016, aims for an integrated One Health approach to tackle the global risk of infectious diseases. NCOH commits to create durable solutions for this major challenge by bundling world-leading academic top research in the Netherlands in the area of One Health. Aspires to function as the national coordinating platform for One Health research, strengthen and consolidate the One Health knowledge and research basis in the Netherlands, and provide a trusted and excellent launching platform for public-private partnerships in the international One Health research field.

The four NCOH strategic research themes are:

- Tackling Antimicrobial Resistance: NCOH-AMR
- Emerging Infectious Diseases Preparedness: NCOH-EID
- Smart & Healthy Farming: NCOH-SHF
- Healthy Wildlife & Ecosystems: NCOH-HWE

NCOH collaborates with organisations in both the private and public sectors, particularly Dutch universities, university medical centers, the Dutch Research Council (NWO), the Royal Netherlands Academy of Arts and Sciences (KNAW), and the Dutch National Institute for Public Health and the Environment (RIVM). Furthermore, NCOH provides strategic and organisational embedding for the Netherlands Antibiotic Development Platform (NADP), which fosters public-private collaborations in the development of new antibiotics and alternatives.

Young NCOH: network for PhD students and post-docs from the NCOH research groups. Aim of the network is sharing knowledge and expertise in One Health related disciplines, which can lead to new collaborations in research.

9 Partners and 1 Associate, 98 PIs, 400 Active Participants, \$50 Million invested, 30 collaborative projects, >65 PhD students.

Investments: NCOH's Partners signed a Consortium Agreement, jointly committing to Euro 11 million in the first 5 years for novel interdisciplinary PhD projects.

Governance & Management

Supervisory Board, Executive Board (Scientific Advisory Board, Stakeholder Sounding Board), NCOH Assembly (made of Principal Investigators),

Supervisory Board: 9 members

Executive Board: 11 members (made up of Scientific Directors, Partners)

Management office reports to executive board, exec board and PIs liaise with scientific advisory and stakeholder sounding board.

Primary source: ncoh.nl

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



ONE HEALTH COMMISSION (US)



Background Information

Established in 2009. The Commission seeks to 'Connect' One Health Advocates and Stakeholders, to 'Create' networks and teams that work together across disciplines to 'Educate' about One Health and One Health issues.

Globally focused organization dedicated to implementing One Health and One Health actions around the world.

Preparing the Next Generation of One Health leaders and professionals by supporting Students for One Health and facilitating their efforts to further the One Health paradigm shift.

One health Education Initiative (launched in 2015): In collaboration with valued partners from the conference, the OHETF developed in 2017 two funding proposals. One focused on enabling school / education systems to prepare teachers, K-12 and beyond, including global lay communities, to integrate One Health / SDG values into curricula, principles and practice through pilot One Health-driven teacher workshops and programs. The other sought to increase direct involvement of civil society organisations (SSAs) in poverty reduction strategies underpinned by One Health and the UN-2030 SDGs.

Have Corporate sponsors, Vanguard Institutional Donor Sponsors, and Leader Institutional Donor Sponsors.

Governance & Management

Executive director and board of directors, student representatives and student members, and council of advisors.

The Commission's founders saw a need to involve many minds in leading its One Health work and thus created a non-voting Council of Advisors (COA). These One Health leaders are called on from time to time to share expertise and guidance to the Commission. Participants may be invited by the Board, nominated by 'Leader' Corporate sponsors or by choosing to get involved and support the Commission as Individuals sponsors at the 'Leader' level.

There are 8 members on One Health Initiative autonomous pro bono team, 18 on council of advisors, 13 on Board of directors, and 6 student representatives.

Primary source: onehealthcommission.org/en/why_one_health/about_the_commission

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Established in 2018. An exemplar of the 'One Health' concept, and boasts a landmark partnership between 37 acclaimed food, veterinary and medical laboratories and institutes across 19 member states in Europe, and the Med-Vet-Net-Association.

An interdisciplinary, integrative and international approach to One Health is essential to address the existing and emerging threats of zoonotic disease and antimicrobial resistance. Most of the 38 institutes have reference responsibilities, representing a sustainable framework for an integrated research community. Through the OHEJP there are opportunities for harmonisation of approaches, methodologies, databases and procedures for the assessment and management of foodborne hazards, emerging threats and AMR across Europe, which will improve the quality and compatibility of information for decision making.

The Joint Research Projects (JRPs) and Joint Integrative Projects (JIPs) are key instruments to facilitate partner organisations working together and aligning their approaches, increasing their knowledge base of host-microbe interactions, and improving epidemiological studies and risk assessments which ultimately equip risk managers with the best tools for intervention measures.

Involve approx. 30-40 Public Health Agencies and Institutes across Europe

The OHEJP approach is to set up a common strategic research agenda among the partners, taking into account the initiatives taken by stakeholders EFSA, ECDC, JPI AMR, EU-JAMRAI, COMPARE and EFFORT. The One Health EJP (OHEJP) work plan is structured in seven work packages, each targeted towards specific overarching needs and objectives, as well as ensuring alignment and integration in the implementation of the programme.

One Health EJP has received funding from the European Union's Horizon 2020 research and innovation programme under grant agreement. EU contribution €45 million

Governance & Management

The governing boards specific to the OHEJP include: The Project Management Team (PMT), Scientific Steering Board (SSB) and Programme Managers Committee (PMC). There are also important contributions from members outside of the OHEJP and these include: The Programme Owners Committee (POC), the External Scientific Advisory Board (ESAB), the Stakeholders Committee (SC), the Ethics Advisors and National Mirror Groups. The OHEJP Coordination Team are based at the French Agency for Food, Environmental and Occupational Health & Safety (ANSES), France.

The OHEJP Scientific Coordinator resides at Sciensano, the Belgian Institute for Health.

The Project Management Team consists of all the Work Package (WP) Leaders and Deputy Leaders.

Primary source: onehealth.ejp.eu

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



A NATIONAL ACTION PLAN TO CONTAIN ANTIMICROBIAL RESISTANCE IN CHINA



Background Information

A multi-year plan set out by the Chinese government. Goals of the 2016-2020 Plan include:

- To launch 1–2 new antibacterial agents and 5–10 new diagnostic techniques
- To implement the sale of antibiotics only with a prescription in pharmacies across the entire country and in animal husbandry in half of the provinces
- To optimize surveillance, to establish an evaluation system for antibacterial agent consumption and resistance in both the healthcare and animal husbandry sectors and to set up AMR reference laboratories and bacterial strain banks
- To implement an antimicrobial stewardship programme in all hospitals.
- To discontinue the use of antibiotics as animal growth promoters
- To educate medical staff, veterinarians, animal producers, students, and members of the public about AMR, and to set up an annual antibiotic alert week

Funding information not available.

Successes: The total resistance declined by 5.3% and culture positivity rates declined by 9.8% after the introduction of the NAP.

Governance & Management

Administered by the National Health and Family Planning Commission (NHFPC), which oversees 14 ministries that are involved in the regulation of antibacterial agents and antimicrobial resistance control, such as research and development, registration and approval, production and circulation, and the use of antibiotics.

Health authorities will be responsible for strengthening management of the clinical application of antibacterial agents to curb bacterial resistance and will coordinate and supervise implementation of the Plan.

The NHFPC will be responsible for the coordination of all work and the formation of a working group of the various ministries with distinct roles. Local government departments also need to take appropriate actions in accordance with the Plan.

An advisory committee will be established for scientific management, comprising a wide range of professionals selected on their professional strengths.

Primary source: resistancecontrol.info/2017/a-national-action-plan-to-contain-antimicrobial-resistance-in-china-contents-actions-and-expectations

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



AUSTRALIA'S NATIONAL ANTIMICROBIAL RESISTANCE STRATEGY – 2020 AND BEYOND



Background Information

The 2020 Strategy builds on the original 2015 strategy, broadening its ambit to encompass food, the environment and other classes of antimicrobials such as antifungals and antivirals.

- Clear governance for antimicrobial resistance initiatives
- Prevention and control of infections and the spread of resistance
- Greater engagement in the combat against resistance
- Appropriate usage and stewardship practices
- Integrated surveillance and response to resistance and usage
- A strong collaborative research agenda across all sectors
- Strengthen global collaboration and partnerships

Funding: Government of Australia committed \$22.5M for the 2020 Strategy.

Sample work:

- Creation of a One Health antimicrobial resistance online hub, which acts as a central repository for trusted information and resources related to antibiotic use and antimicrobial resistance
- The establishment of the Antimicrobial Use and Resistance in Australia (AURA) Surveillance System

Governance & Management

The Antimicrobial Resistance Governance Group (ARGG) will provide national coordination and linkage between sectors.

The Australian Strategic and Technical Advisory Group on AMR (ASTAG) will provide expert advice to the ARGG on current and emerging issues, research priorities and implementation approaches to support the Strategy.

In addition to national governance, all parts of Australia's public and private sectors – such as business owners, hospitals, and industry – will be encouraged to establish or review their own governance arrangements so that they integrate with this Strategy in their relevant areas of operations.

Implementation partners will be required to develop short- to medium-term action plans, setting out commitments and timeframes for their completion.

Primary source: amr.gov.au/resources/australias-national-antimicrobial-resistance-strategy-2020-and-beyond

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



EUROPEAN ONE HEALTH ACTION PLAN ON AMR



Background Information

A multi-year action plan struck by the European Commission. The key objectives of the 2018-2022 plan are built on three main pillars:

- Making the EU a best practice region: EU action will focus on key areas and help Member States in establishing, implementing and monitoring their own national One Health action plans on AMR, which they agreed to develop at the 2015 World Health Assembly²⁰;
- Boosting research, development and innovation by closing current knowledge gaps, providing novel solutions and tools to prevent and treat infectious diseases, and improving diagnosis in order to control the spread of AMR
- Intensifying EU efforts worldwide to shape the global agenda on AMR and the related risks in an increasingly interconnected world.

More than 1 billion EUR has been invested in AMR research, and under Horizon 2020 (H2020), a cumulative budget of over 650 million EUR has already been mobilised so far; whereas the Commission has committed to invest more than 200 million EUR in AMR for the last three years of Horizon 2020.

The plan has led to the adoption of new legislation: Review EU implementing legislation on monitoring AMR in zoonotic and commensal bacteria in farm animals and food. EU health programme funding to support AMR networking collaboration and reference laboratory activities in human health: Improve AMR detection in the human health sector by providing EU support for networking collaboration and reference laboratory activities.

Governance & Management

The EU AMR One-Health Network, chaired by the European Commission, includes government experts from the human health and animal health, the EU scientific agencies (ECDC, EMA, and EFSA) and Commission experts. The bi-annual EU AMR One-Health Network meetings provide members with a platform to present national action plans and strategies and keep each other up to date on their progress, to share best practices, and to discuss policy options and how to enhance cooperation and coordination. Network members include representatives from public health and animal health sides from all 28 EU countries.

Primary source: ec.europa.eu/health/antimicrobial-resistance/eu-action-on-antimicrobial-resistance_en

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.



Background Information

The 2015 WHO global plan outlines five objectives:

- To improve awareness and understanding of antimicrobial resistance through effective communication, education and training
- To strengthen the knowledge and evidence base through surveillance and research
- To reduce the incidence of infection through effective sanitation, hygiene and infection prevention measures;
- To optimize the use of antimicrobial medicines in human and animal health
- To develop the economic case for sustainable investment that takes account of the needs of all countries and to increase investment in new medicines, diagnostic tools, vaccines and other interventions

This action plan underscores the need for an effective One Health approach involving coordination among numerous international sectors and actors.

Funding information not available.

Successes: By May 2017, 79 countries reported that they had a plan, with a further 50 having a plan under development. While the 2017 target is still unmet, the second Tripartite self-assessment survey shows that progress has been sustained. 93 countries reported that they had a plan, and a further 51 have plans under development. Some of the non-respondents have also made progress, and the Tripartite, through its respective regional offices, is aware of at least seven other countries having national plans, taking the total to 100.

Governance & Management

All Member States to have in place, within two years of the endorsement of the action plan by the Health Assembly, national action plans on antimicrobial resistance that are aligned with the global action plan and with standards and guidelines.

The Secretariat will facilitate this work by:

- Supporting countries to develop, implement and monitor national plans
- Leading and coordinating support to countries for assessment and implementation of investment needs, consistent with the principle of sustainability
- Monitoring development and implementation of action plans by Member States and other partners;
- Publishing biennial progress reports, including an assessment of countries and organizations that have plans in place, their progress in implementation, and the effectiveness of action at regional and global levels; and including an assessment of progress made by FAO, OIE etc.

Primary source: who.int/antimicrobial-resistance/publications/global-action-plan/en

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

Ireland's multi-year action plan. INAP (2017-2020) aims to:

- Improve awareness and knowledge of AMR
- Enhance surveillance of AMR and antibiotic use through systems that facilitate greater standardisation of data collection, linkage and sharing of real time information
- Reduce infection and disease spread through prevention and control measures, national guidelines
- Optimise the use of antibiotics through development and implementation of antimicrobial stewardship programmes, and access to rapid diagnostics
- Promote research and sustainable investment in new medicines, diagnostic tools, vaccines through measuring evaluable costs of HCAI/AMR, identifying research opportunities, working with key stakeholders to develop alternative disease treatment tools

Funding information not available.

Governance & Management

The National Interdepartmental AMR Consultative Committee will have overall responsibility for monitoring the implementation of the national action plan. The Committee is a true 'One Health' committee that brings together many of the key stakeholders in the human health, animal health and environmental sectors.

National HSE HCAI/AMR Governance Health and Wellbeing Directorate has responsibility for coordinating the HSE's HCAI/AMR response and chairs the HSE National Task Force on HCAI AMR. Operational responsibility lies with relevant National Directors, Hospital Group CEOs and Community Health Organisation (CHO) Chief Officers. The national crossdivisional governance group (National Taskforce on HCAI AMR) guides and supports a coherent management response to HCAI/AMR.

The National Patient Safety Office (NPSO) and the National Clinical Effectiveness Committee (NCEC) at the Department of Health also support this work.

Primary source: gov.ie/en/publication/ec1fdf-irelands-national-action-plan-on-antimicrobial-resistance-2017-2020?referrer=http://www.health.gov.ie/wp-content/uploads/2017/10/iNAP_web-1.pdf

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



NETHERLANDS AMR ACTION PLAN



Background Information

The Netherlands' 2015- 2019 plan takes a multi-annual approach to:

- Increase awareness among the general public and professionals, and provide knowledge about the use and effect of antibiotics. Themes include finishing a treatment, not prescribing antibiotics for viral infections, and only using antibiotics if the GP deems it necessary and there are no alternatives.
- Providing concrete advice on the prevention of bacterial infections. Themes include food safety, hygiene, transmission of (resistant) bacteria via pets and the importance of following instructions about the use of antibiotics and hygiene guidelines.
- Using accessible information and a structure for raising awareness via easily accessible ways of communication and existing as well as new websites and educational forums.

It is currently difficult to say which financial means are required to realise the programme's mission and goals. Working parties will formulate proposals for the desired approach, including corresponding budgets. The Ministry of Health, Welfare and Sport will consider working party proposals and ensure the availability of sufficient financial resources. The Ministry of Health, Welfare and Sport assumes that other stakeholders are also willing to invest in this programme.

Governance & Management

The use of regional network structures embedded in a national network structure may optimise control policies, as they increase our understanding of the presence and movement of resistant bacteria within the networks. Such a network structure will also provide uniformity in policies across the various domains. Transparency on organisation and responsibilities for coordinating tasks is essential. The Centre for Infectious Disease Control (CIb) is expected to coordinate on a national level.

The Ministry of Health, Welfare and Sport will indicate which public responsibilities are placed at a regional and a national level; once the working groups advise on this matter.

Primary source: government.nl/binaries/government/documents/leaflets/2015/09/22/tackling-antibiotic-resistance/antibiotic-resistance-eng-web.pdf

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

The 2017-2022 New Zealand plan contains the following goals:

- Awareness and understanding: Improve awareness and understanding of antimicrobial resistance through effective communication, education and training.
- Surveillance and research: Strengthen the knowledge and evidence base about antimicrobial resistance through surveillance and research.
- Infection prevention and control: Improve infection prevention and control measures across human health and animal care settings to prevent infection and the transmission of micro-organisms.
- Antimicrobial stewardship: Optimise the use of antimicrobial medicines in human health, animal health and agriculture, including by maintaining and enhancing the regulation of animal and agriculture antimicrobials.
- Governance, collaboration and investment: Establish and support clear governance, collaboration and investment arrangements for a sustainable approach to countering AMR.

Funding information not available.

Successes: A guideline has been developed for responding to carbapenemase producing Enterobacteriaceae (CPE) and emerging multi-drug resistant organisms (MDRO). This guideline outlines the requirements for an enhanced surveillance programme including screening, laboratory identification, surveillance and critical resistance alerts. Implementation of the CPE and emerging MDRO guideline is being integrated into year two and years three to five activities.

Governance & Management

While the Ministry for Primary Industries and Ministry of Health will jointly govern this action plan, specific activities are of particular relevance to the human health, animal health or agricultural sectors.

The New Zealand Antimicrobial Resistance Action Plan Governance Group (NZAMRGG) provides strategic oversight of the implementation of the New Zealand Antimicrobial Resistance Action Plan (2017–2022). This group has been established to:

- Oversee and provide advice on the implementation of the Action Plan
- Provide alignment between the Ministry of Health and the Ministry for Primary Industries on the Action Plan
- Provide transparency in the implementation of the Action Plan

Primary source: health.govt.nz/our-work/diseases-and-conditions/antimicrobial-resistance/new-zealand-antimicrobial-resistance-action-plan

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



Background Information

The UK's 2019-2024 plan has ultimately been designed to ensure progress towards our 20-year vision on AMR, in which resistance is effectively contained and controlled. It focuses on three key ways of tackling AMR:

- Reducing the need for, and unintentional exposure to, antimicrobials
- Optimising the use of antimicrobials
- Investing in innovation, supply, and access

Overall funding/budgets not available.

The UK AMR funder's Forum has reviewed the research skills and capacity needs of the field. To address the themes, UK Research and Innovation councils have supported 78 interdisciplinary projects at a total commitment of £44 million, and, in recognition of the global dimension of AMR, have committed £41 million, to support projects in partnership with members of the Joint Programme Initiative in AMR, and with emerging economies and low- and middle-income countries.

This 20-year vision and five-year plan have been developed collaboratively across diverse government agencies, working with governments in Scotland and Wales, the administration in Northern Ireland, our national health services and animal health and welfare agencies. Together, they have set out a fully integrated and aligned UK One-Health approach.

The UK has worked hard with the World Health Organization, the World Organisation for Animal Health, and the Food and Agriculture Organization to secure commitment to a global action plan in 2014 and the historic political declaration on AMR at the United Nations in 2016.

Governance & Management

Delivery of the previous AMR strategy was overseen and driven by a cross government High Level Steering Group chaired by the Chief Medical Officer, with representation from all relevant government departments, human and animal health agencies and the devolved administrations. Ministers and senior officials will be closely involved in driving progress towards our ambitions over the coming five years.

To coordinate and prioritise the UK's national and international research response and provide a link with policy, the Medical Research Council (MRC) established the UK AMR Funders Forum in 2014. The Forum brings together 21 research funders, including the UK Research and Innovation Councils, government departments, devolved administrations and charities.

Primary source: assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf

*This information is near-verbatim from the source above.
We did not conduct a thorough validation or assessment process.*



U.S. NATIONAL ACTION PLAN FOR COMBATING ANTIBIOTIC-RESISTANT BACTERIA



Background Information

The National Action Plan external icon directs federal agencies to accelerate response to antibiotic resistance by presenting coordinated, strategic actions to improve the health and well-being of all Americans across the One Health spectrum. It strives to:

- Slow the emergence of resistant bacteria and prevent the spread of resistant infections
- Strengthen national One Health surveillance efforts to combat resistance
- Advance development and use of rapid and innovative diagnostic tests for identification and characterization of resistant bacteria
- Accelerate basic and applied research and development for new antibiotics, other therapeutics, and vaccines
- Improve international collaboration and capacities for antibiotic resistance prevention, surveillance, control, and antibiotic research and development

Funding information not available.

Successes: According to CDC's National Healthcare Safety Network (NHSN), methicillin-resistant *Staphylococcus aureus* (MRSA) bacteremia in U.S. acute care hospitals declined 13% between 2011 and 2014, and a further 5% by 2016. Meanwhile, *C. difficile* infections declined in U.S. acute care hospitals 8% between 2011 and 2014, and a further 7% by 2016. Still more progress is needed, as many people are still dying from these infections.

Governance & Management

The CARB Task Force facilitates implementation of the Action Plan and is chaired by the Secretaries of the U.S. Departments of Health and Human Services (HHS), Agriculture (USDA), and Defense (DoD).

Activities coordinated by the White House National Security Council and Office of Science and Technology Policy.

Departments and agencies would take steps to combat antibiotic resistance that are not explicitly included in either the National Strategy or Action Plan; these efforts will also be included in the progress report to the President. Industry and other non-governmental organizations as well as international partners will play a key role in accelerating progress in combating antibiotic resistance.

Primary source: cdc.gov/drugresistance/us-activities/national-action-plan.html

This information is near-verbatim from the source above. We did not conduct a thorough validation or assessment process.

Project:

AMRNETWORK

Designing a Coordinated One Health Response to Antimicrobial Resistance in Canada

A stylized map of Canada composed of blue dots connected by thin lines, representing a network or data flow across the country.

Document Prepared January 2021