

INTERNATIONAL DIALOGUE

Fostering Community and Citizen-led Approaches to AMR

Lessons from Antibiotic Smart Sweden







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Background

Antimicrobial Resistance (AMR) has drawn significant attention as a public health and global health challenge and has been internationally discussed at European Union (EU) and G7 levels. In 2019, 4.95 million lives were lost due to the impact of AMR. If appropriate AMR countermeasures are not implemented, it is predicted that 39 million people will lose their lives over the next 25 years.

AMR is a complex challenge that spans human health, animal health, food production, and the environment. This challenge necessitates collaboration across sector, including medical institutions, residential care facilities for older adults, educational institutions, water supply and wastewater treatment facilities, and agricultural and aquacultural facilities. It is imperative that interdisciplinary cooperation is promoted in the national, regional and global level. However, these facilities are an integral part of daily lives of the local community, and their activities reflect the unique characteristics of each community, including demographics, history, and local industries. Given this understanding, a community and citizen-led approach to AMR is essential to advance our fight against AMR in a community-based manner, and in collaboration with a diverse range of stakeholders.

In line with the recognition above, Sweden has launched an inter-ministerial initiative named "Antibiotic Smart Sweden," with multiple municipalities and regions participating to promote cross-sectoral collaboration in AMR countermeasures. With the support of various stakeholders, community and citizen-led approach to AMR are advancing, including surveys on AMR trends in wastewater treatment facilities and residential care facilities for older adults, as well as awareness-raising activities in educational institutions.

In Japan, the significance of community and citizen-led AMR countermeasures is recognized, but specific AMR measures and budget allocations are largely at the discretion of local governments, resulting in varying levels of AMR countermeasures across local communities. At the same time, expectations for the role of local communities in infectious disease control, including AMR countermeasures, have increased, following the comprehensive revision of the "National Action Plan for Novel Influenza, etc." At the global level, each member state is now also encouraged to translate the vision of the global society into concrete practices at the local community level, considering the adoption of a political declaration on AMR at the high-level meeting of the United Nations General Assembly on September 26, 2024. Guidance towards community-based, citizen-led AMR countermeasures are urgently needed.

Therefore, the meeting that was held on October 2025 by Health and Global Policy Institute (HGPI) focused on Sweden and Japan, who are leading the global fight against AMR as the EU presidency (first half of the year) and the G7 presidency in 2023. After an overview of Sweden's AMR initiatives including Antibiotic Smart Sweden, case studies of community and citizen-led approach to AMR in both countries was presented by local government. We aimed to discuss and explore the opportunities and challenges of implementing community and citizen-led approach to AMR across multiple locations and outline future perspectives.

Overview

- Date and time** Friday, October 25, 2024; 18:00 to 20:00 JST
- Venue** Global Business Hub Tokyo
Grand Cube 3F, Otemachi Financial City, 1-9-2, Otemachi, Chiyoda-ku, Tokyo
- Language** Japanese and English (with Simultaneous Interpretation)
- Host** Health and Global Policy Institute (HGPI) and AMR Alliance Japan
- Supported by** Embassy of Sweden
- Funded by**  Scandinavia-Japan Sasakawa Foundation

Program

Titles omitted; listed in order of presentation / “*” indicates online participation

- 18:00-18:10 Opening Remarks**
Ryoji Noritake (Chair, Health and Global Policy Institute)
- 18:10-18:20 Explanatory Introduction**
Yui Kohno (Manager, Health and Global Policy Institute / AMR Alliance Japan)
- 18:20-18:40 Lecture 1 “AMR Countermeasures in Europe with a Focus on Research and Policy Development”**
Patriq Fagerstedt
(Senior Research Policy Officer, Vetenskapsrådet, Swedish Research Council /
Acting Head of the Secretariat, the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR))
- 18:40-19:00 Lecture 2 “Antibiotic Smart Sweden - Collaboration between Ministries and Municipalities”**
Camilla Björn
(Project Leader, Antibiotic Smart Sweden / RISE Research Institutes of Sweden) *
Gunilla Skoog Ståhlgren
(Project Leader, Antibiotic Smart Sweden / Public Health Agency of Sweden) *
- 19:00-19:50 Discussion “Fostering Community and Citizen-led Approaches to AMR”**
- Panelists**
- Shogo Osaki (Director, Community Medical Division, Health and Welfare Bureau, Himeji City)
 - Hirofumi Hirayama (Director, One Health General Promotion Division, Fukuoka Prefectural Government)
 - Lillan Fahlstedt (Public Health Strategist, Tanum Municipality) *
 - Patriq Fagerstedt
(Senior Research Policy Officer, Vetenskapsrådet, Swedish Research Council /
Acting Head of the Secretariat, the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR))
 - Camilla Björn
(Project Leader, Antibiotic Smart Sweden / RISE Research Institutes of Sweden) *
 - Gunilla Skoog Ståhlgren
(Project Leader, Antibiotic Smart Sweden / Public Health Agency of Sweden) *
- Moderator** ● Shotaro Tsukamoto (Senior Associate, Health and Global Policy Institute / AMR Alliance Japan)
- 19:50-20:00 Closing Remarks**

Opening Remarks

Ryoji Noritake

(Chair, Health and Global Policy Institute)

Health and Global Policy Institute (HGPI) is a non-profit, independent, non-partisan health policy think tank established in 2004. Our activities aim to build better health policies and systems for people living with health concerns, those close to them, and civil society, and we celebrated the 20th anniversary of our establishment in 2024. The policy recommendations we offer are not those of HGPI alone; rather, they are presented after we hold discussions with advisory boards consisting of experts in each area. In addition to academia, we collaborate with people representing various positions such as patient advocacy leaders, civil society, industry, and the executive and legislative branches with the intent of serving as a platform that unites multi-stakeholders.

Health policies cannot be completed only through efforts within Japan, and recommendations only become meaningful after holding many discussions with global partners. It is essential for discussions on antimicrobial resistance (AMR) to have a global perspective, but it will also be important to link those discussions to interventions at the community level and to concrete actions at the local level, in each prefecture or municipality. In that regard, initiatives in Sweden implemented through Antibiotic Smart Sweden, which are the topic of today's presentations, will serve as a great reference.

The key to the future lies in determining how we can deliver effective policies to each region while maintaining a global perspective. This is a vital issue not only for Japan and Sweden, but for the entire world. I hope today serves as an opportunity for a candid exchange of opinions and open discussion.

Explanatory Introduction

Yui Kohno

(Manager, Health and Global Policy Institute /
AMR Alliance Japan)

Our meeting today has two themes. The first is, "From Global to Local." In Japan, the National Action Plan for Novel Influenza, etc. was revised in July 2024, and it is becoming increasingly important to advance measures for controlling infectious diseases and AMR control at the community level. After that revision, in September 2024, a direction for AMR measures in the international community was discussed at the 79th session of the UN General Assembly in New York, United States. Now that a major framework for AMR control is being established, it will be important to achieve harmony with real-world circumstances for the country and in each region, prefecture, municipality, and community.

We are joined today by participants from the EU, Sweden, and Japan who represent various positions. Sweden held the Presidency of the Council of the EU in the first half of 2023, and Japan held the presidency of the G7, and both countries led global AMR countermeasures in their respective roles. As both of our countries have truly been at the center of global and local discussions, I would like for us to explore the next step in AMR control while representatives from both countries share their experiences.

Our second theme is, "From Vision to Implementation." As AMR is a complex issue that does not only impact humans, but also encompasses animals, food, and the environment, addressing it requires advancing the One Health Approach in which measures for AMR control cut across sectors. This makes coordinating with and making arrangements in each field crucial for effective AMR control.

Today, we are also joined by people who serve at public health centers and healthcare facilities. I invite everyone to share their opinions and questions on everyday AMR control in communities so we can sublimate our philosophies and ideals into concrete systems and actions.

LECTURE



LECTURE 1

AMR Countermeasures in Europe with a Focus on Research and Policy Development

Patriq Fagerstedt

Senior Research Policy Officer, Vetenskapsrådet, Swedish Research Council
Acting Head of the Secretariat, the Joint Programming Initiative on Antimicrobial Resistance(JPIAMR)

European Union Initiatives

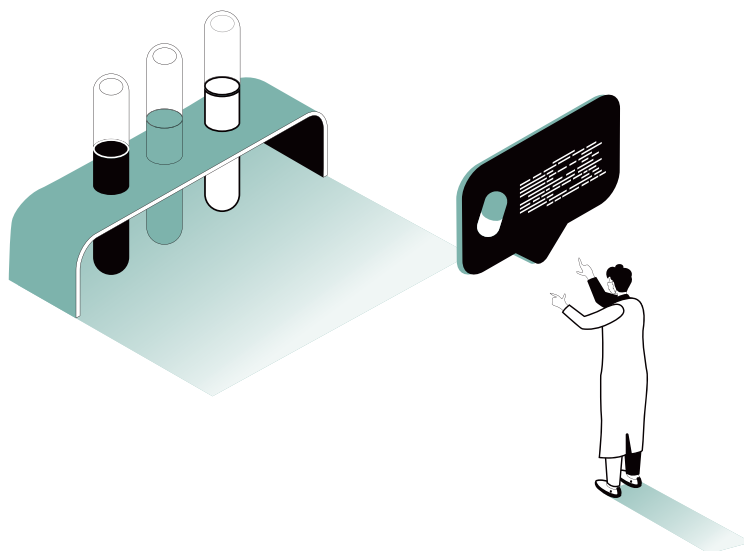
AMR as a Top Priority for Policy Action within the EU

Antimicrobial resistance (AMR) is considered a serious threat in Europe. The European Commission's Health Emergency Preparedness and Response Authority (HERA) ranks AMR as one of the top three most dangerous health crises, alongside emerging infectious disease pandemics and chemical, biological, radiological, and nuclear (CBRN) threats to health. AMR is a health threat that European Union (EU) countries, including Sweden, are working to address by strengthening medical regulations and implementing effective health policies. AMR-related causes are estimated to result in approximately 35,000 deaths each year, placing a significant financial burden on healthcare systems.

The European Commission, the European Parliament, the European Council, and the Council of European Union are entities that establish legislation which is legally binding for the countries in Europe. The European Commission proposes new laws which are negotiated on by Council of the European Union and the European Parliament, ultimately determining the final version of laws. However, healthcare services and medical care are outside the scope of EU law and fall under the jurisdiction of national governments. EU health policies, therefore, serve to complement national health policies. For example, the Directorate for Health and Food Safety, which is part of the European Commission supports EU countries by proposing legislation and providing financial input or support to various projects that support the implementation or innovation of health care measures. The Directorate also functions as coordinator and facilitator of best practices. Certain areas where the European Commission can sign laws connect with articles of the Treaty on the Functioning of the European Union, including laws that involve the marketing or sales of pharmaceuticals.

Although healthcare services and medical care are in principle outside the scope of EU law, there are areas where the European Commission can enact legislation related to the Treaty on the Functioning of the European Union (TFEU), such as laws concerning the marketing and sale of medicinal products. The EU can also adopt health-related legislation under the TFEU concerning Article 168 (protection of public health), Article 114 (the single market), and Article 153 (social policy). As part of this, the EU has successfully adopted EU law in areas such as patients' rights in cross-border healthcare, pharmaceutical regulation, and medical device regulation (including pharmacovigilance, falsified medicines, and clinical trials). Other areas include health security and infectious diseases, digital health, tobacco, and regulations related to organs, blood, tissues, and cells.

Two examples of EU health legislation relevant to AMR measures are the Veterinary Medicinal Products Regulation that was enacted in 2019 and the reform of the EU pharmaceutical legislation which is currently in progress. The former puts a framework and constraints on the amount of antibiotics used in animal feed. From the One Health perspective, this is a vital legislation and implements strict restrictions on how to use antibiotics in the food chain and agriculture. The latter example, the reformed pharmaceutical legislation, will explicitly seek to address antimicrobial resistance through an integrated One Health approach that encompasses the whole process, from development of new antibiotics to the licensing for sale within EU countries.



— The Swedish National Strategy to Combat Antibiotic Resistance —

Sweden has developed and maintained a strategy and a national action plan for AMR for many years. The latest edition of the one health national plan is the work of an intersectoral coordination mechanism of relevant national level agencies and organizations, and has implications for Sweden's AMR action at the local, national and global levels. The Swedish strategy, developed by the Swedish government, is composed of different chapters and deals with the surveillance, prevention, responsible use, research and development, promoting awareness in society and supporting the different infrastructures and systems. The strategy also aims to place Sweden as an active part of international coordination and collaboration on both research but also other aspects of the AMR challenge.

A successful and important actor in Sweden is Strama, a bottom-up initiative started in 1995 from local infectious disease clinicians who have been working to provide policy recommendations, share best practice, harmonizing guidelines, provide education and foster public communication. These Strama doctors directly support local hospitals and clinics and are a key network.

— Research Support and Implementation of Research Outcomes —

Separately, the Swedish Research Council is the agency involved with the research on AMR and implementation of AMR countermeasures, with the main tool being the National Research Program. This is a 10-year program which covers both research and the promotion and implementation of research results. Research funded by this program is often conducted at universities and covers diagnostics, surveillance, therapeutics, transmission interventions, and the research on the environment.

A recent analysis by the National Research Program in 2023 found that while the development of new antibiotics is important, equal emphasis is needed on the behavioral aspects of antibiotic use including reducing use and consumption of antibiotics, and implementing better surveillance of antimicrobial resistance and antimicrobial use to strengthen infection prevention and control.

While these gaps reflect the research in Sweden, it also connects to broader challenges faced globally in tackling AMR.





Evolution from JPIAMR to EUP OHAMR

Sweden's International Research and Collaborations

Sweden leads international research projects on AMR and utilizes scientific data for policy decision-making. A prime example of this is the Joint Programming Initiative on Antimicrobial Resistance (JPIAMR). Funded by the European Commission, JPI AMR symbolizes Sweden's 15-year global efforts to combat AMR. This initiative involves 28 countries, primarily from Europe, who share research resources. Through collaboration with top scientists from around the world, it aims to strengthen AMR countermeasures while avoiding fragmented research.

JPI AMR stands for the Joint Programming Initiative on Antimicrobial Resistance and represents 15 years of Sweden's international efforts to combat AMR. This initiative includes 28 countries from Europe and beyond which share resources in order to avoid fragmentation of research and strengthen research projects by bringing on the best scientists from all over the world. JPI AMR is currently transitioning to a new framework called the European Partnership on One Health Antimicrobial Resistance (EUP OHAMR). A key strength of this new structure is the strong integration of policy elements into research activities. By implementing research outcomes into more practical measures, the goal is to improve career paths for researchers and enhance knowledge transfer. There will also be a focus on activities that increase opportunities for sharing research data. Furthermore, research findings will be directly applied to policymaking to advance product development, improve practices, and formulate more specific and focused policies.

Sweden's future efforts through the new One Health AMR partnership will focus on funding research and innovation, capacity building, improving data sharing and infrastructure collaboration, and implementing impact programs to apply these innovations and research findings in the real world. Similarly, the JPIAMR Strategic Research and Innovation Agenda on Antimicrobial Resistance (SRIA) clarifies future research challenges

by identifying six key areas for future AMR countermeasures: therapeutics, diagnostics, surveillance, transmission, environment, and interventions. This initiative emphasizes the necessity of tackling AMR based on a comprehensive One Health approach. It also stresses the importance of strengthening collaboration with Low- and Middle-Income Countries (LMICs) and the need for research and development that incorporates personalized medicine and artificial intelligence.

The Swedish government hopes that other countries, including Japan, will continue to engage and collaborate with Sweden through this new One Health AMR partnership program. Other global actors such as the UN system and the European Commission also provide channels through which global AMR initiatives can be fostered. As of October 2024, the existing partnership for EUP OHAMR includes 51 organizations from 28 countries. These include not only national funding agencies but also organizations specifically addressing various aspects of the AMR challenge. The new partnership will focus on areas such as antimicrobial development, support for LMICs, and enhanced policy cooperation. By strengthening the network among organizations with technical expertise, civil society, experts, and policymakers, it is expected that more comprehensive and effective AMR countermeasures will be realized.

Working together to tackle the global challenge of AMR requires the active supporting of science and innovation in joint transnational projects or in other joint activities. It also requires not only ground efforts, but also the international sharing of data, resources and infrastructure. Herein lies an opportunity for Japan and Sweden to find new opportunities to work together in the coming years to address the global health threat of AMR.

LECTURE 2

Antibiotic Smart Sweden

Camilla Björn

Project Leader, Antibiotic Smart Sweden
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Collaboration Across Government Agencies for AMR Countermeasures in Sweden

Sweden is about the same size as Japan in terms of land area, but it has a smaller population of about 10 million people. It is a unitary state, and the administrative divisions used by the Government of Sweden are called counties, which are responsible for administrative affairs in each part of the country. Sweden has a two-tiered structure of regional administration similar to that of Japan, with 21 autonomous regions and 290 autonomous municipalities. The administrative duties of each region and municipality are clearly defined based on the geographical characteristics and population distribution of Sweden. Specifically, health and medical services, as well as public transport are mainly the responsibility of the regions, while most other public services are provided by the municipalities. Sweden views the One Health Approach (in which the health of human, animal, and the environment are seen as one) as an important aspect of AMR control, and it is a cornerstone in effectively

addressing AMR through cross-cutting collaboration that spans the layers of society and areas such as healthcare, animal welfare, agriculture, and the environment.

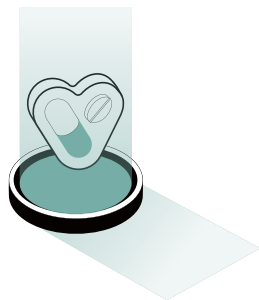
To ensure that collaboration takes place, Sweden established the Intersectoral Coordinating Mechanism (ICM), which exists within the Government of Sweden and is led by the Public Health Agency of Sweden (PHAS) and the Swedish Board of Agriculture. The ICM has participation from 29 government agencies and related organizations involved in human health, animal management, food, environment, research, trade, and emergency response planning. Through regular meetings and subcommittee meetings of these participants, the ICM makes it possible for AMR countermeasures to be implemented across different departments or levels of the government.

Antibiotic Smart Sweden and Its Vision of “a Society Where Everyone Helps to Keep Antibiotics Working and Saving Lives”

Several stakeholders in Sweden have been actively engaged in an initiative called Antibiotic Smart Sweden starting in November 2019. Based on its vision of “a society where everyone helps to keep antibiotics working and saving lives,” Antibiotic Smart Sweden aims to create an environment in which people and organizations can make “antibiotic-smart” decisions. As of November 2024, there were a core team of four organizations leading Antibiotic Smart Sweden, in collaboration with several regions and municipalities. The Antibiotic Smart Sweden core team includes the PHAS, which played a central role in establishing the ICM, as well as the Research Institutes of Sweden (RISE), the Swedish Strategic Programme Against Antibiotic Resistance (Strama, an antimicrobial stewardship program launched in 1995), and ReAct - Action on Antibiotic Resistance, an independent and global network established in 2005 and

dedicated to advancing global efforts for AMR. With regular quarterly digital meetings, Antibiotic Smart Sweden also functions as a platform for promoting interaction and exchanges of opinion among stakeholders from academia, private sector, civil society, research institutes and government agencies. This allows it to serve as part of Sweden’s AMR countermeasures based on the One Health Approach in a role that complements the ICM, where action is centered on government agencies.

Sweden has a long tradition of vigorous efforts for AMR control, to a large extent through Strama which is a nationwide working model for both the national and regional level. Strama addresses antimicrobial stewardship and health care associated infection activities center on health institutions and real-world clinical settings in communities and benefit the people of Sweden today.



As the One Health Approach has become a more important part of AMR countermeasures, it has revealed the need to clarify the roles of each stakeholder, to promote participation among local stakeholders, and to optimize overall AMR countermeasures that

reach beyond health institutions and clinical settings. Antibiotic Smart Sweden use the Strama model with cross-sectorial collaboration, activities on both national and local level but also widens the scope to involve the whole society.

— Creating an Antibiotic Smart Society with Healthcare Institutions as Well as Diverse Stakeholders Like Communities and Municipal Governments —

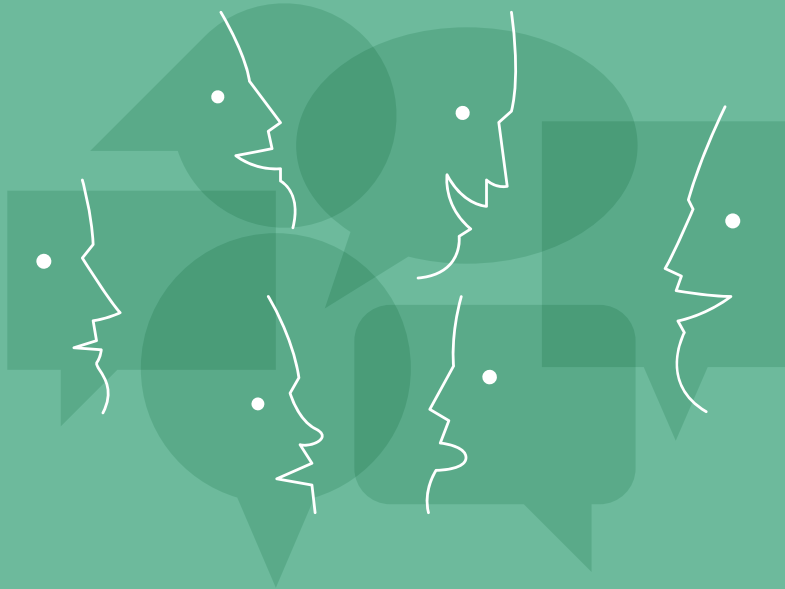
While incorporating lessons from past efforts, activities for Antibiotic Smart Sweden are based on an original concept of “Antibiotic Smart” and its own methodology in the form of “Antibiotic-Smart Criteria.” “Antibiotic Smart” is defined as “a state in which the appropriate decisions can be made and appropriate actions can be taken based on accurate knowledge and understanding of infection prevention and the proper use of antibiotics,” and Antibiotic-Smart Criteria are being established in Sweden to support and evaluate progress in attaining this state. The content of Antibiotic-Smart Criteria shares good practices with the intent of providing a systematic method that allows AMR countermeasures to be integrated into each party’s respective routine duties at municipal governments, pre-school educational facilities, schools, health centers, and in other settings. They are not only formulated by experts in certain areas like healthcare. Rather, the formulation of Antibiotic-Smart Criteria also involves holding ongoing conversations and advancing step by step with many of the stakeholders who will use those Criteria, such as businesses or organizations. In the process of formulating Antibiotic-Smart Criteria, opportunities to test them have been provided so their feasibility could be evaluated. When doing so, focus was also placed on the content itself to determine if it sets ambitious, forward-looking goals.

As the Antibiotic-Smart Criteria formulation process shows, Antibiotic Smart Sweden is building an environment in which each business and organization can work to combat AMR in an independent and proactive manner. As of 2024, criteria have been developed for eight areas and tailored to the characteristics and needs of each area. The areas are municipal governance level as well as pre-school educational facilities, schools, long-term care facilities, and water and wastewater treatment organizations in their jurisdiction. They also include regional governance level as well as hospitals and primary care centers, which are under the jurisdiction of the regions. The criteria were launched in 2024 and today several organizations are using Antibiotic-Smart Criteria in

their routine operations. In the future, it is likely that Antibiotic-Smart Criteria will expand into other areas such as veterinary medicine and dentistry.

As part of that, Antibiotic Smart Sweden will continuously share best practices and provide information to parties implementing Antibiotic-Smart Criteria with the goal of creating an environment that allows for the expansion and improvement of independent, original, and ingenious initiatives from each organization. Antibiotic Smart Sweden activities not only target parties implementing Antibiotic-Smart Criteria. In addition to providing information on AMR to community members through its website, the project is also working to catalyze dialogues on AMR through activities targeting communities that involve community members and that take place in settings like pharmacies, patient groups, immigrant communities, and educational facilities. It is safe to say these activities are helping to clarify the role of each stakeholder involved in AMR control and are reflecting various lessons learned, such as the need to optimize AMR countermeasures overall.

International collaboration is another point of emphasis for Antibiotic Smart Sweden, which is examining how other countries can adopt the processes used to develop Antibiotic-Smart Criteria or the Criteria themselves. Antibiotic Smart Sweden aim to disseminate their initiatives and to learn and get inspired from case studies from other countries. Antibiotic Smart Sweden also participated in a side event at the UN General Assembly High-Level Meeting on AMR in New York in September 2024. While continuing to build a cooperative framework with stakeholders in Sweden and abroad, Antibiotic Smart Sweden would like to continue driving progress on AMR countermeasures in Sweden.



PANELISTS

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Fostering Community and Citizen-led Approaches to AMR

Case report

1

Initiatives in Himeji City, Hyogo Prefecture

Utilizing basic municipalities' unique opportunities to support education on and raise awareness of AMR in different ways

In October 2021, Himeji City, Hyogo Prefecture served as host of the seventy-second session of the World Health Organization Regional Committee for the Western Pacific. Prior to that meeting, Himeji City and its partners held an international symposium titled, “AMR, A Global Health Crisis - What We Can Do for the Fight Against the Silent Pandemic of AMR: Learning from COVID-19.” This international symposium deepened recognition toward the importance of AMR control and led Himeji City to decide to take action for this cause. In 2021, Himeji City became the first municipality to join AMR Alliance Japan, an independent platform for multi-stakeholder discussions on AMR countermeasures. Since presenting the “Declaration of Himeji City as a City Promoting Countermeasures against AMR” in both Japanese and English in February 2022, Himeji City has worked to build an environment and expand policies that enable its active engagement in AMR control in its capacity as the local government that is closest to its residents.

Himeji City has been engaging in educational support and awareness-raising activities for young children through the “Hello Baby

Project,” a project in which visits are made to all households with infants. The city also included a page for raising awareness of AMR control in the Guidebook on Acute Illness in Children, which is distributed through the Hello Baby Project (see Fig. 2). The Guidebook combines perspectives on AMR control and is being distributed through various methods to ensure members of the child-rearing generation have sufficient knowledge on the subject. These methods include having public health nurses provide it directly to all families with infants up to four months of age. As children encounter many opportunities to contract infectious diseases, expectations are high for AMR countermeasures that focus on children. Himeji City can contribute to AMR control in this manner because it is a basic municipality with various points of contact with children and members of

the child-rearing generation, and the City is proud to do so.

Himeji City is also working to enable measures that combine perspectives on AMR control in events for healthcare and health promotion hosted by the city, health institutions, and other related organizations. As awareness of AMR in Japan remains low, instead of holding new events specifically for AMR, it is thought that it will be possible to provide effective educational support and awareness-building activities by utilizing existing opportunities that have participation from many residents.

Basic municipalities are close to their citizens, and Himeji City has been making the most of this characteristic to provide educational support and raise awareness through various channels for many years. Himeji City also

Fig. 1 The “Declaration of Himeji City as a City Promoting Countermeasures against AMR”

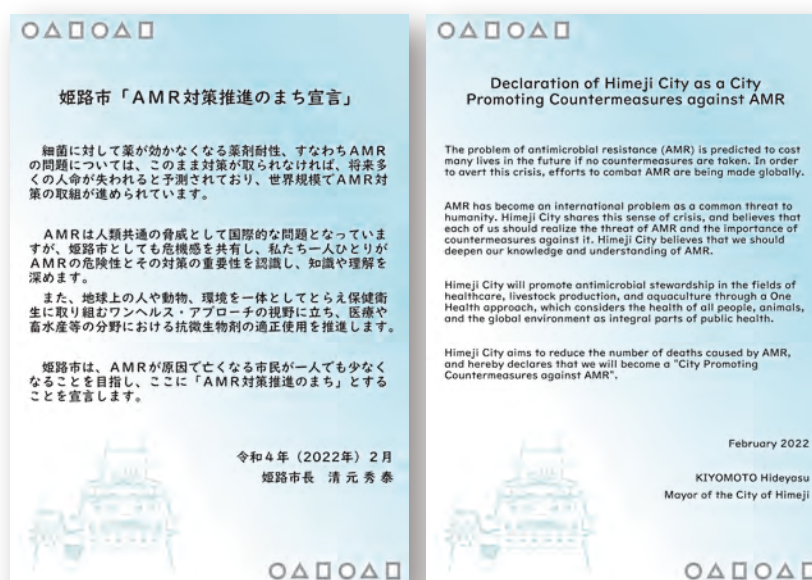




Fig. 2 Page for raising awareness of AMR control in the “Guidebook on Acute Illness in Children”

implemented comprehensive and intensive awareness-raising activities at various locations throughout the city during AMR Awareness Month in November. These included placing video and poster displays providing AMR control-related information in spots with heavy foot traffic from residents, such as the lobby of City Hall, or by using the digital signage at a major shopping mall; publishing a special feature on AMR control in the city news bulletin; and creating and presenting AMR control awareness posters tailored to each user group at the agriculture, forestry, and fishery festival or at daycare center

application windows.

Himeji City is also expanding initiatives that take advantage of the fact that it is a provider of National Health Insurance (NHI). As an insurer, Himeji City regularly provides residents enrolled in NHI with healthcare expense notices, and in 2024, Himeji City included an article on AMR control on the crimped postcards used to notify users of their healthcare expenses. It received a great response which communicated that Himeji City had successfully delivered information on the importance of AMR control to the hands of each citizen.

Himeji City is also engaged in public-private partnerships for AMR control. The city formed a comprehensive agreement with a private pharmacy in March 2022 and, based on that agreement, they plan to introduce AMR countermeasures together during AMR Awareness Month in November 2024. It is hoped that having pharmacists at shops with dispensing pharmacies deliver materials on AMR control directly to each citizen or patient will help all of Himeji City’s citizens better understand the importance of AMR control.

Case report

2

One Health Initiatives in Fukuoka Prefecture

Promoting comprehensive health measures and AMR control through a unique ordinance based on the One Health approach

After the Second World Veterinary Association-World Medical Association Global Conference (GCOH) on One Health was held in Kitakyushu City, Fukuoka Prefecture in November 2016, the Fukuoka Memorandum was endorsed by the World Veterinary Association (WVA), the World Medical Association (WMA), the Japan Medical Association (JMA), and the Japan Veterinary Association (JVA). The

Fukuoka Memorandum expresses each party’s intent to advance from the phase of verifying and recognizing the concept of One Health to the phase of taking action and implementing measures based on that concept. In its capacity as the host of the event where the Memorandum was endorsed, Fukuoka Prefecture has since been advancing One Health initiatives in which related parties collaborate to address zoonoses

and other cross-disciplinary issues based on an integrated view of the health concerns of people, animals, and the environment that surrounds them.

Following a proposal from a Diet Member, Fukuoka Prefecture enacted the “Fukuoka Prefecture One Health Promotion Basic Ordinance” in 2020. It outlines basic guidelines for the implementation of One Health and

describes six issues that require action, including AMR control. The following year, in 2021, Fukuoka Prefecture adopted the “Fukuoka One Health Action Plan,” which systematically outlines measures and initiatives to realize the basic guidelines set forth in the aforementioned Ordinance, and efforts in line with that plan are now underway. Then, in 2022, the “Ordinance Related to Promotion and Practice of One Health in Fukuoka, including the Creation of Better Relationships with the Environment, Humans, and Animals” was enacted through a proposal from a council member. It aims to ensure that One Health initiatives are effective over the long term and in a systematic manner by presenting a more concrete legal framework and assigning certain responsibilities to the prefectural

government, municipal governments, businesses, and Fukuoka Prefecture residents.

In Miyama City, Fukuoka Prefecture, preparations to establish the One Health Center, the first such center in Japan, are currently underway. Set to begin operations in FY2027, it will be the new location of the Fukuoka Institute of Health and Environmental Sciences, which is Fukuoka’s regional public health institute that is currently located in Dazaifu City and that conducts research and surveys on human health and environmental conservation. A new facility called the Animal Hygiene Service Center will also be established to serve as the center for health and sanitation of animals, including domestic animals, pets, exhibit animals, and wild animals. These two institutions

will collaborate to provide a practical foundation for addressing various One Health-related issues, such as by conducting advanced surveys and research, or by training specialized personnel (see Fig. 1). The Livestock Hygiene Service Center (which are institutes that are mandatory for prefectural governments to establish) in Chikugo City will be developed and reorganized to establish the Animal Hygiene Service Center. Based on the Act on the Prevention of Infectious Diseases in Livestock, in the past, Animal Hygiene Service Center activities have centered on infectious disease prevention and surveillance in livestock, but the health and sanitation of pets, exhibit animals, and wild animals will be centralized at the new Center to advance One Health.

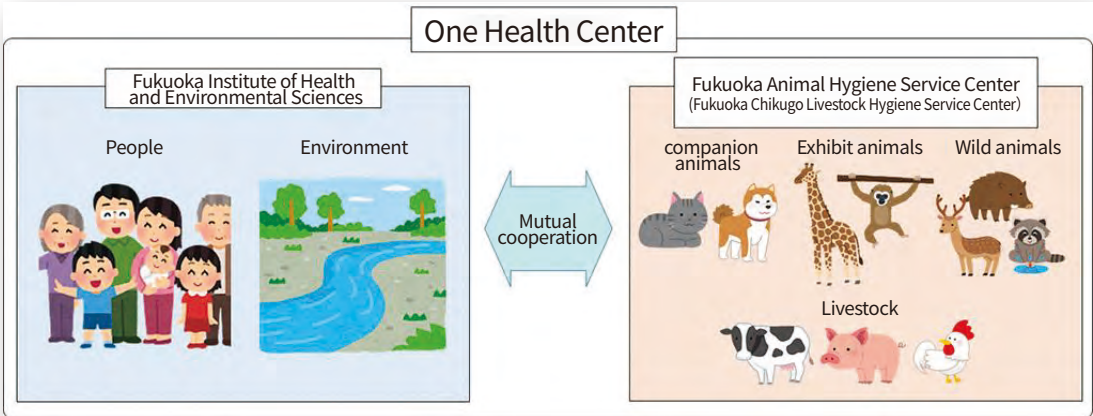


Fig. 1 Illustration of One Health Center operations



Fig. 2 AMR Bacteria Detection Survey and survey on the presence of AMR bacteria and antimicrobials in river water (Source: the Fukuoka Prefecture One Health Promotion Portal Site)

Since 2014, as part of its efforts for zoonosis control, Fukuoka Prefecture has been conducting various studies including pathogen prevalence studies in pets and antibody studies in wild animals. To combat AMR, its One Health AMR Bacteria Survey Project is also conducting research on the presence of AMR bacteria in pets and on AMR bacteria and antimicrobials in river water. Findings are scheduled to be presented as early as FY2025, and we look forward to more accurately illustrating the actual status of AMR in Fukuoka Prefecture (Fig. 2).

Fukuoka Prefecture is working to advance One Health with all residents of the prefecture through educational support and awareness-raising activities that include educating young children and students and holding events such as the One Health Festa (previously known as the “One Health Festival;” see Fig. 3) for residents. Specifically, to create opportunities for people to learn about One Health, Fukuoka Prefecture has produced educational materials and leaflets for elementary, middle, and high school students (Fig. 4). These materials have been distributed across the

prefecture to all fourth year elementary school students, first year middle school students, first year high school students, and teachers and staff. In addition, certain high schools in the prefecture have been designated as One Health Education Model Schools, and One Health Education has been provided in all prefectural high schools since FY2023. At each school, this initiative is centered on teachers designated as One Health Education Promoters.



Fig. 3 One Health Festa (held in Chikugo City and Nogata City in FY2024)

One Health Festa is an annual event in Fukuoka Prefecture that helps residents of Fukuoka Prefecture become more familiar with and better understand One Health. It has been held since FY2020. In addition to workshops and displays from prefectural high schools that are actively engaged in One Health education, it includes petting zoos, dog runs, and booths from businesses that endorse One Health. There are also events to help residents enjoy learning about and become more familiar with One Health, such as One Health quiz competitions and quiz rallies. (Source: the Fukuoka Prefecture One Health Promotion Portal Site)



One Health Educational and Awareness Leaflet

For Elementary School Students
Target: 4th Years

For Junior High School Students
Target: 1st Years

For High School Students
Target: 1st, 2nd, 3rd Years

One Health Educational Materials

Fig. 4 One Health educational leaflets (from left to right, for elementary, middle, and high school students)
(Source: the Fukuoka Prefecture One Health Promotion Portal Site)

Case report
3

Initiatives in Tanum, Västra Götaland County, Sweden
A citizens-led pilot municipality in the Antibiotic Smart Sweden initiative

Tanum municipality (Tanums Kommun), with a population of approximately 13,000, located in Västra Götaland county on the west coast. Approximately 30% of the municipality’s population is aged 65 and over, which is almost 10% higher than the national average. Due in part to this, the prescription rate of antibiotics in Tanum municipality is about 1.2 times higher than the county average (Figure 1). A proposal from a resident who found issues with the current state of AMR measures in the municipality resulted in the decision to participate in the Antibiotic Smart Sweden pilot project in 2018.

The first step after joining the Antibiotic Smart Sweden initiative was to appoint a coordinator within the Tanum municipal staff and establish a roadmap for the project to be promoted within the

municipality. In 2023 a set of four criteria were selected to be tested and Tanum municipality made a political decision to test for of the criteria within the pilot project. The Tanum Municipal Public Health Council (Folkhälsorådet i Tanums kommun), comprising of politicians and administrative officials, utilising the existing forum to promote cross-sectoral and cross-organizational AMR efforts. This forum includes politicians and officials from the education, environment and construction, municipality healthcare, technical sectors.

The municipality has also developed a framework through which it can evaluate its own efforts to address AMR and share information with the public, including updates around the municipality’s participation in Antibiotic

Smart Sweden. Tanum municipality has prepared a sustainability report in a format which is consistent with the United Nations Sustainable Development Goals (SDGs) (Figure 2), which includes Goal 3, “Ensure healthy lives and promote well-being for all at all ages.” The report includes a progress assessment of the health and wellness-related policies implemented by Tanum municipality, and it uses the opportunity of participating in the Antibiotic Smart Sweden initiative to add the number of antibiotic prescriptions per 1000 inhabitants (antimicrobial antibiotikarecept per 1000 invånare) as an indicator to measure the municipality’s success on Goal 3. Additionally, the results of a follow-up survey using the antibiotic prescription rate as a key marker is also published (Figure 1). In Sweden,

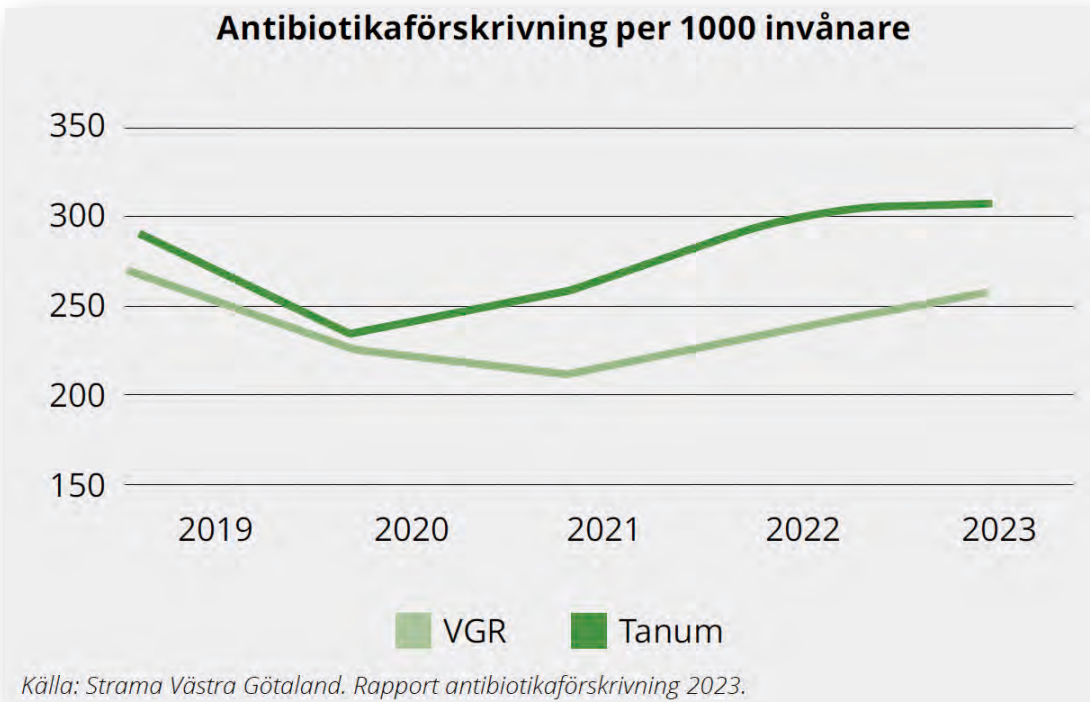


Fig. 1 Number of antibiotic prescriptions per 1,000 residents (VGR: entire province of Västra Jätland; Tanum: Tanum municipality)

COVID-19 is seen as a contributing factor to the decline in antibiotic prescriptions in 2020, 2021, and partly in 2022. The restrictions related to COVID-19, including reduced travel, smaller crowds, and less socializing, contributed to this decline.

The municipality focuses on educational support and awareness-raising activities for the general public, and the use of social media (Figure 3). Special emphasis is placed on European Antibiotic Awareness Day which falls on November 18 every year.



Fig. 2 Tanum municipality's annual sustainability report for 2023



Fig. 3 Tanum municipality's social media campaign on AMR

Key Discussion Points for Implementing AMR Countermeasures and the One Health Approach in Each Region

Discussion Point

1

A broad range of expertise and cooperation among various organizations and groups will be essential in AMR control. Promoting collaboration that cuts across disciplines will require building systems for it that utilize the specialties and characteristics of existing networks and organizations.

Antimicrobial resistance (AMR) is a social issue that spans a broad range of areas including healthcare, public health, the environment, and agriculture, so collaboration among a diversity of organizations will be an essential part of solutions in AMR control. The concept of One Health (in which the health of humans, animals, and the environment are viewed as one) has come to be emphasized in recent years, and even more comprehensive measures are now necessary.

AMR control includes a wide variety of initiatives, from conducting R&D for new antimicrobials to establishing surveillance systems, raising public awareness, and providing educational support. A crucial element in effectively furthering such efforts will be

collaboration that spans not only national, prefectural, and municipal administrative agencies, but that also involves health and research institutions, private companies, and industry associations. From the perspective of One Health, it will also be necessary to involve areas that have been mostly unrelated to healthcare in the past, such as the agriculture, forestry, and fishery industries; environmental conservation; or wildlife protection.

Building systems for collaboration that leverage existing networks belonging to each organization and group will be important in strengthening this interdisciplinary collaboration. Each area has already established specialist networks and mechanisms for sharing information, and incorporating

perspectives for AMR control into these foundations will enable sustainable efforts.

It will also be effective to form networks that make the most of each organization or group's characteristics. In particular, considering the administrative structures and roles of each local government and identifying priority areas in AMR control can lead to more effective measures. There are high expectations for strategic initiatives based on a clear division of roles. For example, basic municipalities should strengthen measures to raise awareness and support education for community members, while regional governments should engage in regional coordination and establish bases for research. Further details on such measures are provided below.

Discussion Point

2

Local governments should advance measures for AMR control that leverage the characteristics of their administrative structures. Because one strength of basic municipalities is their proximity to community members, there are high expectations for them to foster initiatives that are rooted in communities and centered on awareness-raising and educational support. Meanwhile, regional governments (prefectures) should coordinate and support efforts among basic municipalities and establish foundations for multidisciplinary research and AMR control.

The Role and Expectations of Municipalities

Municipalities are administrative bodies that have direct involvement with community members through in-person consultation services and activities that involve home visits. This means they have the potential to advance AMR measures that are rooted in communities

and residents. They also have well-established systems for collaborating with local organizations like medical associations and pharmacists' associations. Expectations are high for basic municipalities to utilize this characteristic to implement effective activities for awareness-raising and educational support activities through

existing resident services as well as antimicrobial stewardship initiatives targeting local medical facilities and health professionals.

Basic municipalities also have limitations. Their administrative structures mean their influence on the healthcare provision system is limited, so their

efforts may be unlikely to impact health services for individuals (like antimicrobial prescriptions) or the healthcare provision system itself. Furthermore, they include governments of different sizes, from government ordinance-designated cities to small municipalities, and they vary significantly in terms of local characteristics and demographics. Given this diversity, it will be necessary to introduce flexible AMR countermeasures that can be tailored to circumstances in each municipality.

The Role and Expectations of Regional Governments (Prefecture)

Given the limitations of basic municipalities, there are high expectations for regional governments to integrate AMR control into regional healthcare provision systems while leading efforts to coordinate the many municipalities. Specifically, regional governments should establish environments and provide policy

guidance to advance the development of infectious disease departments and Antimicrobial Stewardship Teams (ASTs). Regional governments can also formulate and carry out government plans like medical care plans and provide guidance to health institutions to promote effective AMR control. Furthermore, as regional governments have jurisdiction over public health centers, which are the core of infectious disease control, they should also serve as leaders in developing surveillance systems and responding to infectious diseases outbreaks.

One example of an initiative that utilizes the strengths of a regional government is Fukuoka Prefecture's One Health Center, which is set to begin operations in FY2027. At that facility, the Fukuoka Institute of Public Health and Environmental Sciences (the Public Health Institute and Regional Environmental Health Institute) and the Animal Hygiene Service Center will be established at the same site to reinforce

their interdisciplinary network and to promote One Health, starting with AMR control. The One Health Center can serve as a point of reference for new frameworks for collaboration in Japan.

Expectations for Municipalities and Regional Governments

In addition to healthcare, the jurisdiction of local governments covers various areas including agriculture, forestry, and fisheries, or the environment. Their administrative structures are well-suited to advancing the One Health approach and make it relatively easy for officials to collaborate across departments or launch new initiatives quickly and flexibly. In the future, it will also be vital to establish a suitable division of roles and to reinforce collaboration between the national government and local governments.

Discussion Point 3

There is a need for the national government to lead broad measures for AMR control on a nationwide scale. The national government should also mount responses to diversifying needs in society by encouraging collaboration among local governments while respecting local autonomy.

The national government should supplement local governments in areas where it is difficult for them to mount responses on their own and broadly disseminate policies on a nationwide scale. Other efforts that will be particularly important include strengthening collaboration and encouraging the spread of best practices among local governments, advancing R&D, and promoting global cooperation.

To encourage cross-referencing, strengthen collaboration, and share good examples with the national government or among local governments, it will be effective for national or local officials

responsible for infectious disease control to meet regularly and share information. For example, in Sweden, the national government and local governments (regions) hold regular meetings to ensure national guidelines are adopted in a manner that is suited to local conditions through the bilateral exchange of information. At the same time, experts from each region engage in mutual learning and share best practices at those meetings. The Government of Japan should also play a more active role in ensuring excellent initiatives from local governments are shared nationwide. Doing so will draw out maximum benefits from limited resources and enable

effective measures.

Another vital role of the national government is promoting R&D. Because infectious diseases and AMR bacteria have the potential to spread rapidly across regions, R&D must be conducted with a global perspective. To begin, the national government must lead efforts to expand R&D on new antimicrobials to ensure access to treatment options for infectious diseases also in the future. Furthermore, to produce a fundamental solution to the problem of AMR, it will be necessary to emphasize research on prevention and infection control. Oftentimes, both prevention and

infection control are influenced by the healthcare resources and sociocultural characteristics of communities. For example, the measures needed for animal health control in rural areas are completely different from those needed for infection risk management in densely populated urban areas. As such, rather than advancing single intervention methods, it will be important for the national government to support the formulation of measures that are tailored to local conditions.

It will also be crucial to have a system for collaboration that can keep pace with social diversification. Providing information in multiple languages for immigrants and similar parties tends to be difficult for municipal governments to handle on their own, and such efforts tend to be inefficient. All residents will be able to receive appropriate health services if the national government establishes broad-reaching support systems.

In this manner, the national government can play a multilayered role in establishing a nationwide foundation for collaboration, encouraging collaboration among local governments, and promoting research with a global perspective. To advance these initiatives in an effective manner, a balanced approach that involves providing the necessary support and coordination while respecting local autonomy will be necessary.

Discussion Point

4

AMR control requires efforts to raise awareness and provide educational support in the three stages of recognition, understanding, and behavioral change.

Incorporating detailed measures for each stage of recognition, understanding, and behavior change in activities to raise awareness of and support learning for AMR control to expand those activities beyond the provision of information can encourage concrete action.

Building Recognition

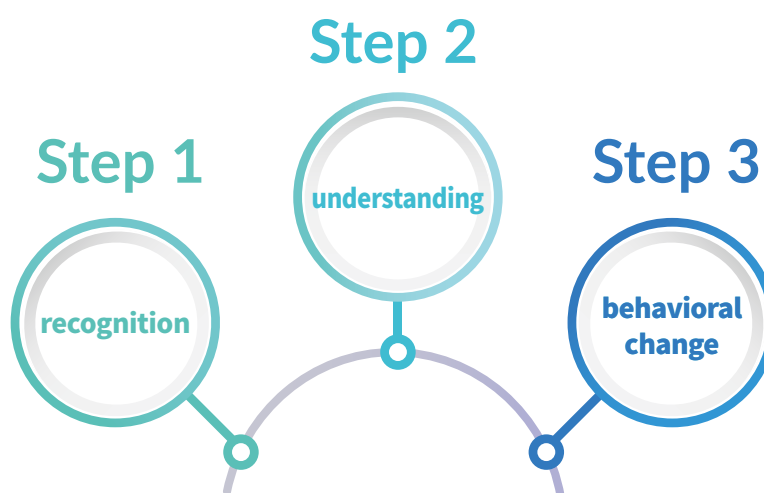
The first step in raising awareness and providing educational support is to build recognition. A monitor survey conducted by the Fukuoka Prefectural government found that approx. 50% of prefecture residents knew the term “One Health” but only 20% understood its content. Similarly, in Himeji City, despite progress in AMR control in real-world clinical settings, recognition toward the term “AMR” is low among those in non-medical professions including administrative staff. Bridging the major gap between recognition and understanding will require more effective methods of transmitting information.

Deepening Understanding

Initiatives to encourage deeper understanding are a key part of the next step. Effective methods of deepening understanding include helping people understand concepts from AMR and AMR control through firsthand experience to convince them of the need to take action. One good example of an initiative to raise awareness is called “One Health Festa,” which is an educational event held by Fukuoka Prefecture to promote understanding among prefecture residents.

Promoting Behavioral Change

Finally, frameworks that encourage behavioral change must be implemented. Sweden has introduced a framework that builds on criteria to help professionals and organizations within the community with how to act and make decisions that prevent infections and promote wise antibiotic use. By showing concrete practices that can be implemented in daily life instead of handling AMR as an abstract concept, expectations are high for this initiative to encourage proactive behavioral change among residents and professionals.



Splitting responsibilities among basic municipal governments, regional governments, and the national government in a manner that makes the most of their respective characteristics will be an important part of implementing effective activities to raise awareness and provide educational support. In such an arrangement, basic municipal governments would implement detailed initiatives for raising

awareness and educational support to suit local conditions, while regional governments would coordinate initiatives across multiple regions. Finally, the national government would be expected to conduct nationwide awareness-raising campaigns and provide information in multiple languages. Making the most of the One Health perspective, the national government can also expand awareness-raising and educational

support activities beyond healthcare to fields like environmental conservation and agricultural production, as well as provide citizens with easy-to-understand information on the relationships between initiatives in each field and AMR control to promote understanding and behavioral change throughout society.

Discussion
Point
5

An integrated surveillance system that surpasses administrative boundaries and disciplines must be built. Vital elements in successfully creating an effective surveillance system include clearly defining the roles of national, prefectural, and municipal governments and engaging in cross-cutting collaboration across disciplines based on the One Health perspective.

Effective AMR control will require building an integrated nationwide surveillance system that surpasses the boundaries of administrative areas and disciplines. Data from sources like health institutions, livestock inspections, and environmental monitoring is currently collected using separate surveillance systems, and Japan has yet to establish a comprehensive system with the capacity to analyze information from different fields. The lack of such a system makes it difficult to accurately track infectious diseases and deploy rapid countermeasures. After establishing procedures for collecting, analyzing, and sharing data, a system

that facilitates the sharing of information regarding system operations among municipalities must be built while legal frameworks are established.

As infectious diseases can spread across administrative districts, it is difficult for single municipalities to mount sufficient responses on their own, making it vital that collaboration take place across regions and disciplines. Zoonotic diseases are particularly effective at causing outbreaks over wide geographical areas because of the movement of wild animals and livestock. Japan requires a framework for the integrated analysis of

data reported by health institutions, livestock testing results, and monitoring data on the presence of drugs and microorganisms in the environment.

Operating an integrated surveillance system will require national, prefectural, and municipal authorities to fulfill their respective roles and form a collaborative system for collecting, analyzing, and sharing information. It will be possible to create a system for smoother operations by entrusting the direct collection of local data to basic municipalities and data aggregation and analysis to regional governments, while the national government leads efforts to integrate and analyze data on a nationwide scale and to share information internationally. In addition, collaborating with research institutions or those serving in clinical settings may allow for collected data to be used for infection control in real-world clinical settings or in R&D on treatments, thus enabling the cultivation of more effective control measures.





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Mr. Ryoji Noritake is the Chair of Health and Global Policy Institute (HGPI), a Tokyo-based independent and non-profit health policy think tank established in 2004. He also served as Asia-Pacific Lead for Project HOPE, a US-based medical humanitarian aid organization. Through HOPE and HGPI, he has led health system strengthening projects in the Asia-Pacific region and engaged in the US Navy's medical humanitarian projects. His focus is a multi-sectoral approach to health issues such as public-private partnerships and civil-military coordination. He was a member of the Tokyo Metropolitan Government's Policy Discussion Roundtable for Super Ageing Society (2018) and served as a Visiting Scholar at the National Graduate Institute for Policy Studies (2016-2020). He is currently serving as a member of World Dementia Council (WDC), the Salzburg Global Seminar's Advisory Council, Advisory Board Member of Elsevier Atlas, and the Dementia Innovation Alliance hosted by the Ministry of Economy, Trade and Industry (METI), Japan. He was awarded the 32nd Takemi Incentive Award in 2022. He is a graduate of Keio University's Faculty of Policy Management and holds a MSc in Medical Anthropology from the University of Amsterdam, the Netherlands.



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Health and Global Policy Institute

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Regarding the independent nature of these recommendations

These policy recommendations are based on discussions at meetings HGPI held for this project and has been compiled in HGPI’s capacity as an independent health policy think-tank. It does not, in any capacity, represent the opinions of any participating expert, speaker, related party, or organization to which those parties are affiliated.

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About AMR Alliance Japan

AMR Alliance Japan was established in November 2018 as multi-stakeholder, collaborative organization dedicated to the improvement of public health through the promotion of AMR countermeasures. As of August 2025, its members include, in alphabetical order : bioMérieux Japan Ltd., GlaxoSmithKline K.K., Himeji City, Japan Medical Association, Japan Pharmaceutical Association, Japan Pharmaceutical Manufacturers Association, Japanese Society for Pediatric Infectious Diseases, Japanese Society of Antimicrobials for Animals, Japanese Society of Chemotherapy, Japanese Society of Hospital Pharmacists, “Kodomo to Iryo” Project, Meiji Seika Pharma Co., Ltd., Merck & Co., Inc., Nippon Becton, Dickinson and Company, Ltd., Pfizer Japan Inc., Shimadzu Diagnostics Corporation, Shionogi & Co., Ltd., The Japanese Society for Medical Mycology, The Japanese Association for Infectious Diseases, The Japanese Society for Clinical Microbiology, The Japanese Society for Infection Prevention and Control, The Japanese Society of Pharmaceutical Health Care and Sciences, The Japanese Society of Therapeutic Drug Monitoring, The Pharmaceutical Society of Japan, Health and Global Policy Institute (HGPI) serves as Secretariat of the Alliance.



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