HSE Antimicrobial Resistance and Infection Control (AMRIC)

action plan 2026-2030

RESIST

Acknowledgement

All contributors and stakeholders are acknowledged in the preparation of this HSE AMRIC action plan 2026-2030. We are grateful for their input, support and role in continuing to advance Ireland's One Health response to Antimicrobial Resistance (iNAP3).

Published by
Health Service Executive
Dr. Steevens' Hospital
Steevens' Lane
Dublin 8
D08 W2A8
Telephone: 01 6352000
www.hse.ie

ISBN: 978-1-78602-283-7

Citation text
Health Service Executive (2025). Health Service Executive AMRIC action plan 2026-2030 Available at **https://bit.ly/AMRactionplan**

In text citation
(Health Service Executive, 2025)

Table of Contents

Achoimre Fheidhmeach

Comhthéacs

Aithnítear go bhfuil fhrithsheasmhacht in aghaidh ábhar frithmhiocróbach (AMR)12 ar cheann de na bagairtí is mó ar shláinte an duine agus ainmhithe le deich mbliana anuas. Fágann AMR gur dúshlánach an rud é an mhíochaine nua-aimseartha a sholáthar. Tugann frithmhiocróbaigh, go háirithe antaibheathaigh, saol daoine slán, agus cuireann siad 20 bliain, ar an meán, leis an ionchas saoil ar fud an domhain. Cosnaíonn ábhair fhrithmhiocróbacha othair a bhfuil go leor cóireálacha á gcur orthu, cóireáil ailse (ceimiteiripe) ina measc, agus cuidíonn siad le hobráidí sábháilte a dhéanamh, amhail trasphlandú orgáin agus gnáthaimh ortaipéideacha agus cuirtear cóir leighis leo ar go leor galair bhaictéaracha.

Is saincheist Aon Sláinte Amháin (One Health) í an fhrithsheasmhacht in aghaidh ábhar frithmhiocróbach óna dteastaíonn gníomhaíocht chomhoibríoch ar fud na n-earnálacha. Aithnítear go bhfuil daoine, ainmhithe, plandaí agus a dtimpeallachtaí ceangailte agus go mbraitheann siad ar a chéile. Is saincheist ríthábhachtach é ról an chomhshaoil i dtaobh frithsheasmhacht in aghaidh ábhar frithmhiocróbach a rialú.

Tar éis fhoilsiú Phlean Gníomhaíochta Domhanda (PGD) na hEagraíochta Domhanda Sláinte (an EDS) maidir le Frithsheasmhacht Fhrithmhiocróbach (2015) agus an Phlean Gníomhaíochta Eorpaigh “Aon Sláinte Amháin” i gcoinne Frithsheasmhacht in aghaidh Ábhair Fhrithmhiocróbacha (2017), d’fhoilsigh Éire an chéad Phlean Gníomhaíochta Náisiúnta “Aon Sláinte Amháin” i gcoinne Frithsheasmhacht in aghaidh Ábhair Fhrithmhiocróbacha, 2017-2020, ar a dtugtar iNAP1. D’fhoilsigh Éire an dara Plean Gníomhaíochta Náisiúnta “Aon Sláinte Amháin” i gcoinne Frithsheasmhacht in aghaidh Ábhair Fhrithmhiocróbacha 2021-2025 in 2021 ar an Lá Feasachta Eorpach maidir le hÚsáid Antaibheathach (EAAD), ar a dtugtar iNAP2.

Forbraíodh an plean seo mar fhreagairt ar na gníomhartha sláinte a leagtar amach in iNAP3, mar thoradh ar idirchaidreamh leis an Roinn Sláinte (DOH) agus le comhpháirtithe trasearnála maidir le iNAP3 a fhorbairt. Leagtar amach sa phlean seo na gníomhartha a dhéanfaidh Feidhmeannacht na Seirbhíse Sláinte (FSS) ar fud na seirbhíse sláinte go ceann 5 bliana chun dul i ngleic le frithsheasmhacht in aghaidh ábhar frithmhiocróbach.

Glacann FSS le ról lárnach i dtaobh gnéithe shláinte an duine in iNAP3 a chur i bhfeidhm Forbraíodh an plean seo mar fhreagairt ar iNAP3. Is iad othair agus úsáideoirí seirbhísí, oibrithe sláinte agus cúraim, agus an pobal i gcoitinne is mó a ndírímid orthu.

Soláthar seirbhíse

Tuairiscíonn an fhoireann náisiúnta um fhrithsheasmhacht in aghaidh ábhar (AMRIC) d’Oifig an Phríomhoifigigh Chliniciúil (CCO) agus tá siad freagrach as obair náisiúnta agus chliniciúil i réimse na sláinte maidir le cosc agus rialú Ionfhabhtuithe (IPC), maoirseacht ar fhrithsheasmhacht fhrithmhiocróbach (AMS) agus frithsheasmhacht in aghaidh ábhar frithmhiocróbach (AMR) a phleanáil, a chumasú, a chur chun feidhme agus a dhearbhú. Is éard atá i gceist leis seo obair i gcomhar le comhpháirtithe FSS, mar shampla, an Oifig Náisiúnta um Chosaint Sláinte (NHPO), an Lárionad Faire um Chosaint Sláinte (HPSC), i measc earnálacha rialtais agus comhpháirtithe idirnáisiúnta, mar shampla, an Lárionad Eorpach um Ghalair a Chosc agus a Rialú (ECDC) agus an Eagraíocht Dhomhanda Sláinte (EDS).

Tá freagracht ar gach réigiún sláinte FSS as seirbhísí comhtháite cúraim sláinte agus shóisialta a phleanáil agus a sholáthar ar bhealach comhtháite mar chuid de struchtúr comhtháite. Forbraíodh foirne coiscthe agus rialaithe Ionfhabhtuithe (IPC) agus maoirseachta ar fhrithsheasmhacht fhrithmhiocróbach (AMS) agus tá sé mar aidhm ag na foirne bunaithe seo cúram comhtháite IPC agus AMS a sholáthar go tráthúil d’othair agus d’úsáideoirí seirbhíse ar leibhéal réigiúnach agus áitiúil.

Oibríonn na foirne réigiúnacha IPC agus AMS seo i gcomhar leis an bhfoireann náisiúnta AMRIC; mar shampla, forbraíonn an fhoireann náisiúnta AMRIC treoirlínte IPC agus AMS atá bunaithe ar an méid a chuireann na foirne agus na páirtithe leasmhara seo leo, agus cuireann na foirne réigiúnacha IPC agus AMS na treoirlínte seo i bhfeidhm i gcleachtas cliniciúil ag a suíomhanna.

1. Leagtar amach an ghluais in Aguisín 1
2. Leagtar amach coincheapa agus sainmhínithe tábhachtacha in Aguisín 2

Cuspóirí straitéiseacha

Leagtar amach i bplean gníomhaíochta AMRIC FSS 2026-2030 réimse gníomhartha de chuid FSS a thagann le 6 chuspóir straitéiseacha iNAP3:

Cuspóir straitéiseach 1: Feasacht agus eolas ar fhrithsheasmhacht in aghaidh ábhar frithmhiocróbach a fheabhsú

Cuspóir straitéiseach 2: Faireachas ar fhrithsheasmhacht in aghaidh antaibheathach agus úsáid antaibheathach a fheabhsú

Cuspóir straitéiseach 3: Scaipeadh Ionfhabhtaithe agus Galair a Laghdú

Cuspóir straitéiseach 4: Úsáid frithmhiocróbach i sláinte an duine agus ainmhithe a bharrfheabhsú

Cuspóir straitéiseach 5: Taighde agus infheistíocht inbhuanaithe a chur chun cinn i gcógais, uirlisí diagnóiseacha, vacsaíní nua agus in idirghabháil eile

Cuspóir straitéiseach 6: Rialachas ilearnála, maoiniú inbhuanaithe agus cuntasacht a neartú le haghaidh freagairtí comhordaithe AMR i ngach earnáil agus ar gach leibhéal

Sainmhínítear na 6 chuspóir straitéiseacha idirnasctha seo i PGD an EDS maidir le Frithsheasmhacht Fhrithmhiocróbac agus cuireann siad leis an bPlean Gníomhaíochta Domhanda deireanach agus cuireann siad creat ar fáil chun aghaidh a thabhairt i dteannta a chéile ar fhrithsheasmhacht in aghaidh ábhar miocróbach bunaithe ar chur chuige Aon Sláinte Amháin.

Torthaí

Tá gníomhartha sonracha FSS ag gabháil le gach ceann de na cuspóirí straitéiseacha seo, maille le torthaí inbhainte gaolmhara, a oibreoidh i dtreo na dtorthaí seo a leanas i ndáil le IPC agus AMS i rith na tréimhse 2026-2030.

Torthaí níos fearr d'othair

Sábháilteacht níos fearr d'othair

Oideachas agus oiliúint foirne

Sábháilteacht níos fearr don fhoireann

Feasacht agus tuiscint níos doimhne

Déanann gach gníomh i bPlean Gníomhaíochta FSS um Fhrithsheasmhacht in aghaidh Ábhar Frithmhiocróbach (AMRIC) 2026-2030 iarracht na nithe seo a leanas a chur chun cinn

Gníomhartha

Leagtar amach sa cháipéis seo táblaí achoimre ardleibhéil do gach ceann de na cuspóirí straitéiseacha seo. Leagtar amach sa tábla lastall roinnt samplaí de ghníomhartha FSS le haghaidh soláthair i gcomhréir le iNAP3.

Leagtar amach táblaí mionsonraithe do gach ceann de na 6 chuspóir straitéiseacha sa cháipéis; áirítear leo seo gníomhartha le haghaidh soláthair ar leibhéal réigiúnach agus an comhordú agus na tacaíochtaí do réigiúin a sholáthraíonn na foirne náisiúnta, mar shampla, AMRIC FSS agus an NHPO agus an HPSC.

Cuspóirí straitéiseacha	Samplaí de ghníomhartha FSS
Cuspóir straitéiseach 1: feasacht a fheabhsú agus athrú iompraíochta a chumasú chun frithsheasmhacht in aghaidh ábhar frithmhiocróbach a laghdú.	• Feachtais bhliantúla chumarsáide IPC agus AMS a phleanáil agus a sholáthar. • Treoirlínte, oideachas agus oiliúint IPC agus AMS, pataigin nua agus atá ag teacht chun cinn agus ullmhacht don gheimhreadh san áireamh, a fhoilsiú agus a chur i bhfeidhm. • Cuir chuige agus coincheapa athraithe iompraíochta a úsáid chun eolas a fhorbairt atá dírithe ar an bpobal agus ar an bhfoireann, féinbhainistiú cuí a dhéanamh ar mhionbhreoiteacht san áireamh.
Cuspóir straitéiseach 2: faireachas ar fhrithsheasmhacht in aghaidh antaibheathach agus úsáid antaibheathach a fheabhsú.	• Clár faireachais ar ionfhabhtú i gcréacht máinliachta (SSI) a fhorbairt agus a thabhairt isteach níos fairsinge. • Feabhas a chur ar thuairisciú sonraí, anailís agus aiseolas ar IPC agus AMS, sonraí ar ionfhabhtú faighte ó chúram sláinte (HCAI) agus AMS na hÉireann san áireamh a chuirtear ar fáil do staidéar faireachais/poncleitheadúlachta (PPS) Eorpach.
Cuspóir straitéiseach 3: scaipeadh ionfhabhtaithe agus galair a laghdú.	• Foirne agus seirbhís cúraim líne infhéithí (IV) a fhorbairt agus a leathnú. • Oiliúint agus acmhainní caighdeánaithe IPC a sholáthar do sheirbhísí cúraim bhaile (seirbhísí FSS agus eile). • A chinntiú go bhfuil riachtanais dea-chleachtais IPC leabaithe i dtionscadail tógála, agus go gcuirtear íoslaghdú an riosca tarchuir san áireamh.
Cuspóir straitéiseach 4: úsáid antaibheathach i sláinte an duine agus ainmhithe a bharrfheabhsú.	• Feabhas a chur ar ordú frithmhiocróbach agus an úsáid trí chéile a bhaintear astu a laghdú. • An Córas um Rialú Ionfhabhtaithe Faireachais Chliniciúil Náisiúnta (NCSICS) a chur i bhfeidhm. • Tionscadal ordaithe frithmhiocróbáin a chur i bhfeidhm i gcomharchumainn chleachtais ghinearálta lasmuigh d'uaireanta oibre (GP OOH) agus i seirbhísí dochtúra FSS. • Ionchur speisialaithe AMR, AMS agus IPC a sholáthar i ndearadh agus i bpleanáil córas ríomhshláinte amhail córas an taifid leictreonaigh cúraim sláinte (EHR) agus saotharlann leighis agus bainistíocht agus faireachas ráigeanna, cásanna agus teagmhas (OCIMS). • An clár nasc-chleachtóirí IPC agus AMS a leathnú.
Cuspóir straitéiseach 5: taighde agus infheistíocht inbhuanaithe a chur chun cinn i gcógais, uirlisí diagnóiseacha, vacsaíní nua agus in idirghabháil eile.	• Tionscadail/cláir feabhsúcháin cáilíochta a bhaineann le IPC, AMR agus AMS a chur ar siúl. • Éascú agus cur chun cinn a dhéanamh ar thábhacht na taighde i réimsí IPC, AMR agus AMS.
Cuspóir straitéiseach 6: rialachas ilearnála, maoiniú inbhuanaithe agus cuntasacht a neartú le haghaidh freagairtí comhordaithe AMR i ngach earnáil agus ar gach leibhéal.	• Struchtúir agus rialachas daingean a chinntiú d'fhoirne comhtháite IPC agus AMS ar leibhéal réigiúnach agus náisiúnta. • Plean gníomhaíochta AMRIC a fhorbairt agus a mhonatóiriú agus úsáid á baint as teimpléad náisiúnta. • A chinntiú go n-úsáidtear measúnú riosca agus tuairisciú ar bhainistiú riosca i gceart.

Bearta

Chomh maith le leanúint den obair chun rialachas, struchtúir agus próisis a fheabhsú, cuimsítear sa phlean seo spriocanna torthaí dúshlánacha atá le baint amach faoi 2030. Tagann na spriocanna sin le spriocanna Chomhairle an AE a bhaineann le tomhailt ábhar frithmhiocróbach atá le baint amach faoi 2030. Léirítear ann sin uaillmhian FSS maidir le iNAP3.

Páirtithe Leasmhara

Tá páirtithe leasmhara ríthábhachtach i ndearadh agus i gcur i gcrích na ngníomhartha agus na dtionscadal atá leagtha amach sa phlean seo. Leagtar amach i ngach gníomh ceannairí FSS atá freagrach as pleanáil agus cur i bhfeidhm agus na príomhpháirtithe leasmhara a bhfuil a saineolas agus a gcomhoibriú riachtanach ar mhaithe le soláthar. Tugtar aitheantas do na rannpháirtithe agus na páirtithe leasmhara uile agus Plean Gníomhaíochta AMRIC FSS 2026-2030 seo á ullmhú. Táimid buíoch dá gcuid ionchuir, tacaíochta agus ról i leanúint d'fhreagairt Aon Sláinte Amháin na hÉireann ar Fhrithsheasmhacht in aghaidh Ábhar Frithmhiocróbach (iNAP3) a chur chun cinn.

Cur i nGníomh

Is a bhuíochas le tiomantas foirne agus comhghleacaithe náisiúnta ar fud ár réigiún is féidir an plean seo a chur i gcrích. Tá comhoibriú le páirtithe leasmhara, go háirithe comhpháirtithe othar, mar bhonn agus taca faoi chur i gcrích an phlean seo.

Tuairiscíonn an fhoireann náisiúnta AMRIC d'Oifig an Phríomhoifigigh Chliniciúil agus tá siad freagrach as obair náisiúnta agus chliniciúil IPC/AMS/AMR i réimse na sláinte a phleanáil, a chumasú, a chur i bhfeidhm agus a dhearbhú. Ina measc sin, tá obair as lámha a chéile i measc earnálacha rialtais agus comhpháirtithe idirnáisiúnta, mar shampla, an Lárionad Eorpach um Ghalair a Chosc agus a Rialú (ECDC) agus an Eagraíocht Dhomhanda Sláinte (EDS).

Cinntíonn an cur chuige seo go bhfuil ailíniú straitéiseach agus oibríochtúil ann maidir le pleanáil agus cur i bhfeidhm gníomhartha sláinte a bhaineann le iNAP3 agus straitéisí gaolmhara eile rialtais. Beidh cur i bhfeidhm céimnithe an phlean gníomhaíochta seo ar cheann de na gealltanais AMRIC a bheidh san áireamh i bPlean Seirbhíse Náisiúnta FSS 2026 (agus i bPleananna Seirbhíse Náisiúnta ina dhiaidh sin).

Creat

Bunaíodh réigiúin sláinte in 2024; mar thoradh air sin, rinneadh athruithe eagraíochtúla ar sholáthar seirbhísí laistigh de FSS. Rinneadh an tsamhail rialachais AMRIC a nuashonrú i gcomhréir leis an athstruchtúrú sin agus le clár athchóirithe lárionad FSS.

Tá sé de dhualgas ar gach réigiún sláinte a chinntiú go bhfuil cúram AMR, AMS agus IPC ar ardchaighdeán agus go sásaíonn siad riachtanais áitiúla agus caighdeáin náisiúnta; ach soláthraítear i struchtúir rialachais AMRIC sásra ceannaireachta, tacaíochta, pleanála agus monatóireachta, mar sin féin. Cinntíonn an cur chuige seo go bhfuil ailíniú straitéiseach agus réigiúnach ann i ndáil le pleanáil agus cur i bhfeidhm gníomhartha a bhaineann le tionscnaimh AMRIC agus saincheisteanna gaolmhara eile a bhaineann le AMS agus IPC.

Ní mór pleananna réigiúnacha a fhorbairt agus a chomhaontú ar leibhéal áitiúil chun iad a ailíniú le Plean Gníomhaíochta AMRIC 2026-2030 FSS, ina ndírítear ar riachtanais shonracha gach réigiúin agus IPC agus AMS a leabú i soláthar na seirbhíse áitiúla.

Monatóireacht agus athbhreithniú

Tuairisciú réigiúnach

Ba cheart pleananna réigiúnacha a mhonatóiriú tríd an struchtúr rialachais áitiúil agus creat cuntasachta FSS.

Tuairisciú náisiúnta

Déanann an fhoireann AMRIC athbhreithniú agus monatóireacht ar chur i bhfeidhm tionscadal agus gníomhartha trí phróiseas bainistíochta clár AMRIC comhaontaithe ar bhonn míosúil.

Tuairisciú sonraí

Déanann an HPSC sonraí Éireannacha a sheoladh ar aghaidh go cláir faireachais idirnáisiúnta, mar shampla, an Líonra Eorpach Faireachais um Fhrithsheasmhacht in aghaidh Ábhar Frithmhiocróbach (EARS-Net) de chuid an Lárionaid Eorpach um Ghalair a Chosc agus a Rialú (ECDC), agus/nó foilsíonn sé na sonraí siúd. Cuireann an fhoireann AMRIC sonraí oibríochtúla ar ionfhabhtú faighte ó chúram sláinte (HCAI) agus AMS ar fáil don Phríomhoifigeach Cliniciúil agus do na hOifigigh Feidhmiúcháin Réigiúnacha (REOanna). Foilsíonn an fhoireann AMRIC sonraí freisin, mar shampla, tuairisciú míosúil ar enterobacterales táirgthe carbaipeineamáise (CPE).

Tuairisciú don Phríomhoifigeach Cliniciúil

Cuirtear tuarascáil phunainne ráithiúil ar fáil do Phríomhoifigeach Cliniciúil FSS i gcomhréir le creat feidhmíochta agus cuntasachta FSS. Cuirtear bonn eolais ar fáil sna tuarascálacha agus sa phlé seo faoi dhul chun cinn agus faoi na háiteanna ina bhfuil gá le bearta nó gníomhartha ceartaitheacha a chomhaontú chun gníomhartha agus tionscadail a bhaint amach.

Fóram cuntasachta na Roinne Sláinte/AMRIC

Tá fóram cuntasachta ráithiúil na Roinne Sláinte/AMRIC i bhfeidhm ina bhfuil tuairisciú ar dhul chun cinn ina mhír bhuan ar an gclár oibre.

An Coiste Comhairleach Idir-rannach Náisiúnta um Fhrithsheasmhacht in aghaidh Ábhar Frithmhiocróbach

Tagann an Coiste Comhairleach Idir-rannach Náisiúnta um Fhrithsheasmhacht in aghaidh Ábhar Frithmhiocróbach le chéile faoi dhó sa bhliain agus tugtar nuashonruithe ar dhul chun cinn AMRIC FSS. Bíonn baill den fhoireann AMRIC páirteach sa choiste sin. Bunaíodh an Coiste in 2014 agus tá sé faoi chomhchathaoirleacht an Phríomhoifigigh Leighis sa Roinn Sláinte, agus an Phríomhoifigigh Tréidliachta sa Roinn Talmhaíochta, Bia agus Mara (DAFM). Sásaíonn bunú an Choiste sin ceanglais na hÉireann maidir le sásra comhordaithe idirearnála a bheith aici chun aghaidh a thabhairt ar AMR ar leibhéal Eorpach agus domhanda.

Coiste Maoirseachta Aon Sláinte Amháin

Bhunaigh Rialtas na hÉireann Coiste Maoirseachta Aon Sláinte Amháin trasroinne i mí Iúil 2025. Aithníonn Aon Sláinte Amháin go bhfuil sláinte daoine, ainmhithe clóis agus fiáine, plandaí, agus an chomhshaoil i gcoitinne, éiceachórais san áireamh, nasctha go dlúth agus idirspleách. Cuireann an Coiste ceannaireacht ar fáil do chur chuige Aon Sláinte Amháin ar fud Oileán na hÉireann trí chomhoibriú agus comhar a éascú chun acmhainneacht agus comhoibriú a neartú go córasach i measc páirtithe leasmhara éagsúla. Is é a fheidhm comhoibriú a éascú a fheabhsaíonn faisnéis sláinte poiblí agus fianaise le haghaidh cinnteoireachta ionas gur féidir le hÉirinn bagairtí sláinte nua agus atá ag teacht chun cinn a chosc, a thuar, a bhainistiú go héifeachtach agus ullmhú dóibh.

Executive Summary

Context

Antimicrobial resistance (AMR)[1][2] has become recognised as one of the greatest potential threats to human and animal health over the last decade. AMR challenges the delivery of modern medicine. Antimicrobials, in particular antibiotics, save lives, and add on an average 20 years to life expectancy worldwide. Antimicrobials protect patients receiving many treatments including cancer treatment (chemotherapy), enable safe surgery such as organ transplants and orthopaedic procedures and treat many bacterial illnesses.

AMR is a One Health issue that requires collaborative action across sectors. It is recognised that people, animals, plants and their environments are connected and interdependent. The role of the environment is a key issue in the control of AMR.

Following on from the World Health Organization (WHO) Global Action Plan (GAP) on AMR (2015) and the European Action Plan on AMR (2017), Ireland published it's first National Action Plan on Antimicrobial Resistance 2017 – 2020, known as iNAP1. In 2021, on European Antibiotic Awareness Day (EAAD), Ireland published its second One Health National Action Plan on Antimicrobial Resistance 2021 – 2025, known as iNAP2.

Arising from engagements with the Department of Health (DOH) and cross-sectoral partners on the development of iNAP3, this plan has been developed in response to the health actions set out in iNAP3. This plan sets out the actions that the Health Service Executive (HSE) will take across the health service over the next 5 years to combat AMR.

The HSE plays a pivotal role in operationalising the human health components of iNAP3. This plan has been developed in response to iNAP3. Our key focus is on patients and service users, health and care workers, and the general public.

Service delivery

The national antimicrobial resistance and infection control (AMRIC) team reports to the office of the Chief Clinical Officer (CCO) and is responsible for planning, enabling, performance and assurance of national and clinical infection prevention control (IPC), antimicrobial stewardship (AMS) and antimicrobial resistance (AMR) work in the domain of health. This includes working collaboratively with HSE partners for example the National Health Protection Office (NHPO), Health Protection Surveillance Centre (HPSC), across government sectors and international partners for example the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO).

Each HSE health region has responsibility for the planning and coordinated delivery of joined-up health and social care services as part of an integrated structure. IPC and AMS teams have been developed and these established teams aim to deliver timely IPC and AMS integrated care for patients and service users at regional and local level.

These regional IPC and AMS teams work collaboratively with the national AMRIC team; for example the national AMRIC team develops IPC and AMS guidelines informed by contributions from these teams and stakeholders, and the regional IPC and AMS teams implement these guidelines in clinical practice at their sites.

1. Appendix 1 sets out the glossary
2. Appendix 2 sets out key concepts and definitions

Strategic objectives

The HSE AMRIC action plan 2026-2030 sets out a range of HSE actions aligned to the 6 strategic objectives of iNAP3:

Strategic objective 1: Improve awareness and empower behaviour change to reduce antimicrobial resistance

Strategic objective 2: Enhance surveillance of antibiotic resistance and antibiotic use

Strategic objective 3: Reduce the spread of infection and disease

Strategic objective 4: Optimise the use of antibiotics in human and animal health

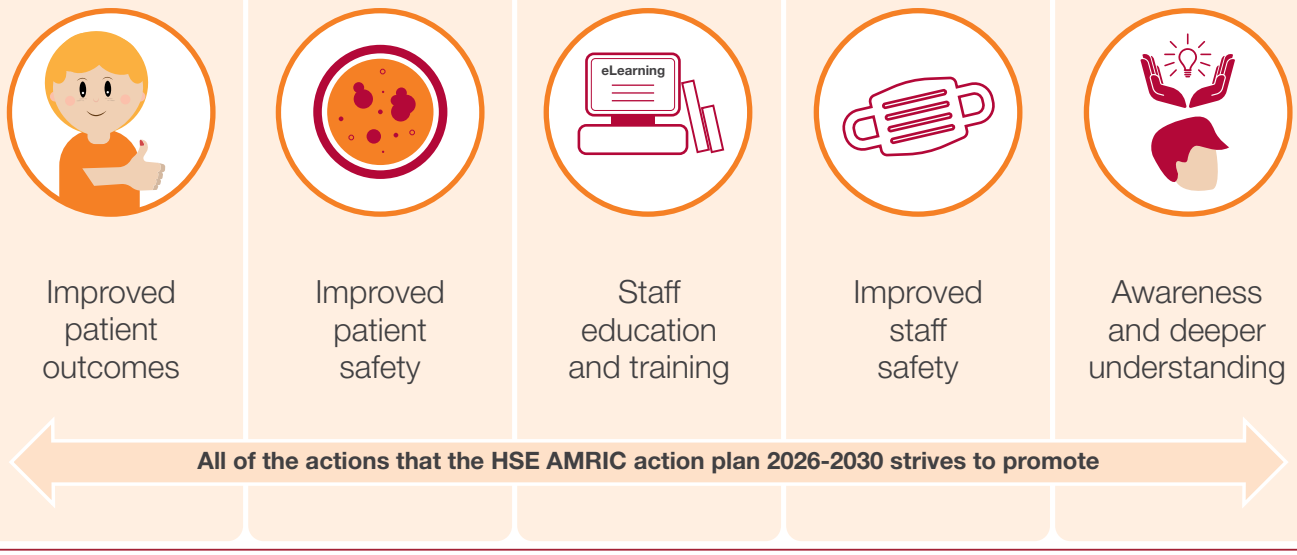
Strategic objective 5: Promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions

Strategic objective 6: Strengthen multisectoral governance, sustainability, and accountability for a coordinated AMR response across all sectors and at all levels

These 6 interconnected strategic objectives have been defined by the WHO GAP on AMR and build on the experience of the previous GAP and provide a framework to collectively address AMR based on the One Health approach.

Outcomes

All of these strategic objectives have specific HSE actions with associated deliverables that will work towards the following outcomes in relation to IPC and AMS over the period 2026-2030.



Actions

This document sets out high-level summary tables for each of these strategic objectives. The table overleaf sets out examples of HSE actions for delivery in line with iNAP3.

Detailed tables for each of the 6 strategic objectives are set out in the document; these include actions for delivery at regional level and the coordination and supports for regions provided by national teams for example HSE AMRIC and NHPO/HPSC.

Strategic objectives	Examples of HSE actions
Strategic objective 1: improve awareness and empower behaviour change to reduce antimicrobial resistance.	• Plan and deliver annual IPC and AMS communications campaigns. • Publish and implement IPC and AMS guidelines, education and training, including new and emerging pathogens and winter preparedness. • Use behavioural change approaches and concepts to develop public and staff facing information including appropriate self-management of minor illnesses.
Strategic objective 2: enhance surveillance of antibiotic resistance and antibiotic use.	• Develop and expand surgical site infection (SSI) surveillance programme. • Improve IPC and AMS data reporting, analysis and feedback including Irish healthcare acquired infection (HCAI) and AMS data to European surveillance/point prevalence studies (PPS).
Strategic objective 3: reduce the spread of infection and disease.	• Develop and expand intravenous (IV) line care teams and service. • Deliver standardised IPC training and resources to homecare services (HSE and non-HSE). • Ensure IPC best practice requirements are embedded in building projects, including consideration of minimising transmission risk.
Strategic objective 4: optimise the use of antibiotics in human and animal health.	• Improve antimicrobial prescribing and reduce overall consumption. • Implement national clinical surveillance infection control system (NCSICS). • Implement antimicrobial prescribing project in HSE general practice out of hours (GP OOH) cooperatives and GP services. • Provide specialist AMR, AMS and IPC input to the design and planning of eHealth systems such as the electronic healthcare record (EHR) and medical laboratory system and outbreak, case, incident management and surveillance (OCIMS). • Expand the IPC and AMS link practitioner programme.
Strategic objective 5: promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions.	• Deliver quality improvement projects/programmes related to IPC, AMR and AMS. • Facilitate and promote the importance of research in areas of IPC, AMR and AMS.
Strategic objective 6: strengthen multisectoral governance, sustainability, and accountability for a coordinated AMR response across all sectors and at all levels.	• Ensure robust structures and governance for integrated IPC and AMS teams at regional and national level. • Develop and monitor regional AMRIC action plan using national template. • Ensure appropriate use of risk assessment and risk management reporting.

Measures

In addition to continuing work to enhance governance, structures and processes, this plan includes challenging outcome targets for achievement by 2030. These targets are aligned with EU Council targets related to antimicrobial consumption to be reached by 2030. This reflects the HSE's ambition with respect to iNAP3.

Stakeholders

Stakeholders are fundamental to the design and delivery of the actions and projects set out in this plan. Each action sets out the HSE leads responsible for planning and implementation and key stakeholders whose expertise and collaboration are essential for delivery. All contributors and stakeholders are acknowledged in the preparation of this HSE AMRIC action plan 2026–2030. We are grateful for their input, support and role in continuing to advance Ireland's One Health response to AMR (iNAP3).

Implementation

The delivery of this plan is made possible by the commitment of national teams and colleagues across our regions. Collaboration with stakeholders, in particular patient partners, underpins the delivery of this plan.

The national AMRIC team reports to the office of the CCO and is responsible for planning, enabling, performance and assurance of national and clinical IPC/AMS/AMR work in the domain of health. This includes working collaboratively across government sectors and international partners for example ECDC and the WHO.

This approach ensures there is strategic and operational alignment for planning and implementation of health actions related to iNAP3 and other related government strategies. The phased implementation of this action plan will be one of the AMRIC commitments included in the HSE 2026 National Service Plan (NSP) (and subsequent NSPs).

Governance

Health regions were established in 2024; this has led to organisational changes to service delivery within the HSE. The AMRIC governance model was updated in line with this restructuring and the HSE centre reform programme.

Responsibility for ensuring AMR, AMS and IPC care is of high quality and meets local needs and national standards lies with each health region; however, the AMRIC governance structures provide a mechanism for leadership, support, planning and monitoring. This approach ensures there is strategic and regional alignment in relation to the planning and implementation of actions related to AMRIC initiatives and other related issues of AMS and IPC concern.

Regional plans must be developed and agreed at the local level to align with the HSE AMRIC action plan 2026-2030, focusing on the specific needs of each region and embedding IPC and AMS into local service delivery.

Monitoring and review

Regional reporting

Regional plans should be monitored through the local and regional governance structure and HSE accountability framework.

National reporting

The AMRIC team reviews and monitors the implementation of projects and actions through an agreed AMRIC programme management process on a monthly basis.

Data reporting

The HPSC submit and/or publish Irish data to international surveillance programmes for example ECDC European Antimicrobial Resistance Surveillance Network (EARS-Net). The AMRIC team provides operational HCAI and AMS data to the CCO and Regional Executive Officers (REOs). The AMRIC team also publishes data for example carbapenemase-producing enterobacterales (CPE) monthly reporting.

Reporting to Chief Clinical Officer

A quarterly portfolio report is provided to the HSE CCO in line with the HSE performance and accountability framework. These reports and discussions inform on progress and where corrective measures or actions need to be agreed in order to achieve projects.

DOH/AMRIC accountability forum

A DOH/AMRIC accountability forum is in place where progress reporting is a standing agenda item.

National interdepartmental antimicrobial resistance consultative committee

The national interdepartmental AMR consultative committee meets bi-annually and updates on HSE AMRIC progress are provided. Members of the AMRIC team participate on this committee. This was established in 2014 and is co-chaired by the Chief Medical Officer, DOH and the Chief Veterinary Officer, Department of Agriculture, Food and Marine (DAFM). The establishment of this committee meets Ireland's requirements to have an intersectoral coordinating mechanism for addressing AMR at European and global level.

One Health oversight committee

The Government of Ireland established a cross-department One Health oversight committee in July 2025. One Health recognises that the health of humans, domestic and wild animals, plants, and the wider environment, including ecosystems, are closely linked and interdependent. The committee provides leadership to the One Health approach across the island of Ireland by facilitating collaboration and co-operation to systemically strengthen capacity and collaboration among diverse stakeholders. It's function is to facilitate collaboration that enhances public health intelligence and improve evidence for decision-making so that Ireland can prevent, predict, prepare for and effectively manage new and emerging health threats.

Foreword from the Chief Clinical Officer

As the Chief Clinical Officer for the HSE, I very much welcome the publication of this HSE AMRIC action plan 2026-2030. AMR is a significant, worldwide problem, which has an impact every day in Ireland, in GP practices, residential care and hospitals on clinical care and clinical decisions.

Because of AMR, many of the antibiotics we could rely on 10 or 20 years ago for treatment of common infections, such as cystitis, and for life-threatening infections, such as sepsis, are less reliable now. This pushes clinicians to use broader spectrum antibiotics and sometimes to use more toxic antibiotics. Bacterial infections with few options for treatment are no longer rare in Ireland. This increasing resistance is continuing and it threatens the future of healthcare. To address this in the Irish context, we have worked closely with the DOH and cross-sectoral partners, to develop iNAP3. This inter-sectoral collaboration reflects the importance of a unified One Health approach to the challenge that AMR presents. This HSE plan, which responds to iNAP3, sets out how we in the HSE will play our part in delivering on the commitments of iNAP3.

This third HSE AMRIC action plan, builds on the first and second national action plans, taking lessons learned, and understanding from previous iNAPs and integrating them into this innovative, ambitious action plan.

This aligns with Sláintecare, the HSE and DOH's overall improvement plan and strategy for reforming Ireland's health and social care system, with a significant focus on integrated healthcare across our 6 regions.

This plan aims to improve how antibiotics are used to keep them effective across the full continuum of care, and to reduce healthcare and other associated infections across these settings.

The delivery of this plan is made possible by the commitment of colleagues across our regions.

This plan focuses on the importance of AMR, IPC and AMS education across acute, community and educational settings. It builds on guidelines and education resources for health and care workers to guide appropriate antibiotic use and IPC.

For the development and delivery of this plan the HSE has and will continue to collaborate closely with other colleagues and stakeholders, including patient partners, which is of critical importance.

There is a lot of work done, and a lot more work to do, to tackle the problem of AMR; this HSE AMRIC action plan outlines how the HSE is set to address AMR over the next 5 years.

Dr. Colm Henry
Chief Clinical Officer

Overview from the Clinical Lead AMRIC

As the Clinical lead for the AMRIC team, I am committed to the implementation and success of this third HSE AMRIC action plan. AMR is one of the top global public health threats. In 2021, it was estimated that 4.71 million deaths were associated with bacterial AMR globally.

AMR makes infections harder to treat, as usual antibiotics may not work, and makes medical procedures and treatments such as surgical procedures, caesarean sections and cancer chemotherapy much riskier. This threatens healthcare now and the future of healthcare for all of us, our children and future generations.

Building on the learning from the first and second HSE AMRIC action plans, this third HSE AMRIC action plan sets out how we will respond to this threat of antimicrobial resistance over the next 5 years.

The HSE recognises that AMS, AMR and IPC remain a key focus for human health and for the safe delivery of health and social care services for our patients, service users and staff.

As part of our work, patients and their caregivers have shared their stories and experiences of how AMR has directly impacted them. We will continue during the delivery of this plan to keep the patient voice to the fore as we educate and guide our health and care workers and the public on the right use of antibiotics and the principles of IPC.

There was a great deal of learning for healthcare during the recent public health emergencies. Along with the delivery of the last 2 action plans, we are committed to applying those lessons to the management of future pandemics should they arise.

We will continue to work closely with the DOH, and cross-sectoral partners on this One Health approach to reducing AMR.

We commit to working across the HSE, and with other stakeholders and collaborators, to deliver on this ambitious plan. We will work closely and collaboratively with colleagues in the 6 health regions across the country, and support the implementation of this plan using an integrated approach. Together, we can tackle the problem of AMR, promote patient safety, and ensure we have effective antibiotics and other infection treatments for future generations.

Dr Eimear Brannigan
Clinical Lead, AMRIC

Strategic Context

Antimicrobial resistance[3] (AMR) has become recognised as one of the greatest potential threats to human and animal health over the last decade. AMR challenges the delivery of modern medicine. Antimicrobials, in particular antibiotics, save lives, and add an average 20 years to life expectancy worldwide. Antimicrobials protect patients receiving many treatments including cancer treatment (chemotherapy), enable safe surgery such as organ transplants and orthopaedic surgery and treat many bacterial illnesses.

Antimicrobials underpin our treatment of infectious diseases. They also support the health and welfare of our animals, some of which are part of the human food chain. As AMR spreads, common infections that were once easily treatable become harder to treat.

Unfortunately, the emergence of AMR cannot be entirely prevented, and therefore the focus is on containing, controlling and mitigating it.

AMR is a One Health issue that requires collaborative action across sectors. It is recognised that people, animals, plants and their environments are connected and interdependent. The role of the environment is a key issue in the control of AMR.

People are already dying from drug-resistant infections and, unless we enhance our One Health approach, these deaths will continue to rise. In 2021, it was estimated that 4.71 million deaths were associated with bacterial AMR globally[4] and, without action by 2050 this could rise to 10 million deaths attributable to bacterial AMR annually. AMR affects people in all parts of the world. Infectious diseases and AMR cross national borders.

Following on from the WHO GAP on AMR (2015) and the European Action Plan on AMR (2017), Ireland published it's first National Action Plan on Antimicrobial Resistance 2017–2020, known as iNAP1. In 2021 on EAAD, Ireland published its second One Health National Action Plan on Antimicrobial Resistance 2021-2025, known as iNAP2. These national action plans provided for a coordinated cross-sectoral response to antimicrobial resistance, has impacts every day on how we treat infections in patients in Ireland.

Arising from engagements with the DOH and cross-sectoral partners on the development of iNAP3, this plan has been developed in response to the health actions set out iNAP3.

This plan reflects the HSE's commitment and ambition to build on the achievements of iNAP1, iNAP2 and the experience of public health emergencies and pandemics. It sets out the actions that the HSE will take across the health service over the next 5 years to combat AMR. Ensuring our key focus is on working with people to effect change. For the healthcare sector, this includes health and care workers, patients and service users, their families and the public in general.

The HSE plays a pivotal role in operationalising the human health components of iNAP3. Through its AMRIC programme, the HSE has led national efforts in surveillance, AMS, infection prevention, and public engagement. The HSE AMRIC action plans 2018-2021 and 2022-2025 have laid the groundwork for integrated, evidence-based interventions. iNAP3 will require the HSE to further evolve these strategies in response to shifting epidemiological patterns, technological advancements, and societal behaviours.

Highlights of HSE AMRIC action plan 2022-2025

The HSE AMRIC action plan 2022-2025 sets out 143 actions for the HSE to plan and deliver. These actions describe how the HSE and the AMRIC team are responding to the following strategic objectives of iNAP2:

- Strategic objective 1: improving awareness and knowledge of AMR.
- Strategic objective 2: enhancing surveillance of antibiotic resistance and antibiotic use.
- Strategic objective 3: reducing infection and disease spread.
- Strategic objective 4: optimise the use of antibiotics in human and animal health.
- Strategic objective 5: promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions.

3. Whilst the term antimicrobial resistance is used throughout this document, the main focus is on antimicrobial resistance in bacteria.
4. Global burden of bacterial antimicrobial resistance 1990–2021: a systematic analysis with forecasts to 2050 Naghavi, Mohsen et al. The Lancet, Volume 404, Issue 10459, 1199-1226

The HSE AMRIC action plan 2022-2025 has delivered significant achievements across a number of areas. Appendix 3 provides a high-level review of each strategic objective and a number of case studies are set out below.

AMRIC IPC AMS Guidelines And Education

IPC Guidelines

- ✓ Developed and published more than **100** IPC guideline documents (aligned to NCG No. 30 IPC) for all healthcare settings
- ✓ Delivered **45** educational webinars to IPC and AMS staff
- ✓ Published **20** patient information leaflets including:

- ✓ AMRIC engaged with patient advocacy groups, subject matter experts and relevant organisations to develop IPC guidelines
- ✓ Aligned all AMRIC guidelines and educational materials with recommendations from NCG No. 30 IPC

AMS Guidelines

- ✓ Engaged with expert advisory groups, patient advocacy groups and relevant organisations to develop AMS guidelines

www.antibioticprescribing.ie

Acknowledged as one of the most important sources of clinical information for GPs in Ireland, British Journal of General Practice, December 2023

185+
antibiotic prescribing guidelines developed for community and hospital settings

50
educational podcasts supporting these guidelines

4.384 million
website views[1]: 2022-2024

780,000
total users: 2022-2024

1 Source: Goggle analytics (since Feb 2024) - data represents users who have accepted analytics cookies

eLearning

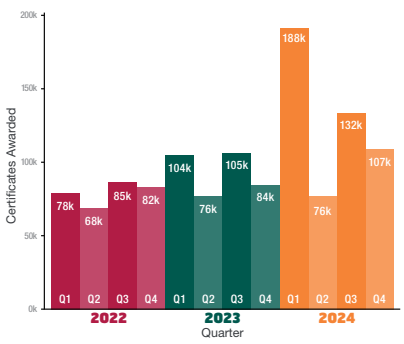
21
AMRIC eLearning modules

1.18 million
certificates awarded 2022 – 2024

276.42K
graduates

- ✓ Cost effective and accessible education and training
- ✓ Learning impact studies completed
- ✓ Mandatory hand hygiene training on HSeLanD for all HSE staff and staff in HSE funded services
- ✓ AMRIC Hub on HSeLanD developed to improve accessibility

Completions 2022 – 2024



Red to Green Antimicrobial Prescribing

For Community Settings

The Preferred Antibiotic Initiative promotes the use of Green antibiotics when antibiotics are indicated. Compared to Red antibiotics, Green antibiotics are likely to be effective and:

- less likely to have adverse effects
- less likely to lead to resistant infections (Figure 1)

- ✓ There has been a sustained improvement in the proportion of Green antibiotics prescribed by GPs (Figure 2)
- ✓ Quarterly reporting of individual antibiotic prescribing reports with educational messages are circulated to GPs with a GMS list greater than 100 patients in comparison to the overall national rate
- ✓ AMRIC antimicrobial guidelines recommend Green antibiotics over Red antibiotics where appropriate
- ✓ Promotion of the Preferred Antibiotic Initiative by HSE community antimicrobial pharmacists through education, audit and feedback
- ✓ AMRIC Green Red mouse mat updated and distributed to GPs and pharmacists. Available to order on www.healthpromotion.ie

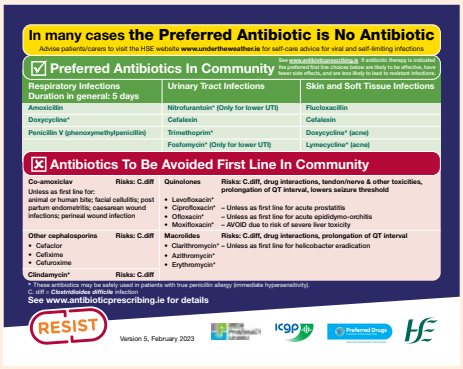


Figure 1: Green/Red Antibiotic Mousemat for community settings

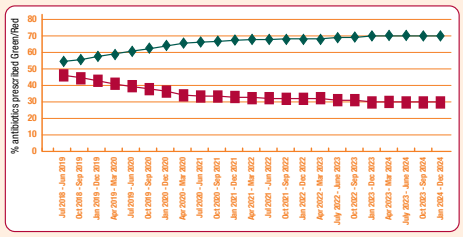


Figure 2: National percentage of Red/Green antibiotic prescribing proportions for GPs with >100 GMS patients (for each reporting quarter over the last 12 consecutive months).

For Acute Hospitals

AMRIC have introduced a Red (reserve), Amber (watch) and Green (access) antimicrobial classification (adapted from WHO AWaRe classification) for acute hospitals to:

- promote prudent use of antimicrobials
- limit antimicrobial resistance
- improve patient safety (Figure 3).

- ✓ Hospital antimicrobial stewardship teams are recommended to implement the HSE AMRIC Reserve Antimicrobial Policy

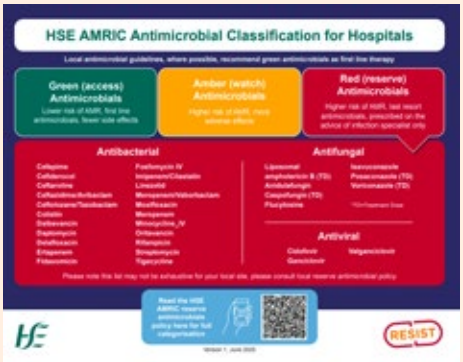


Figure 3: HSE AMRIC Antimicrobial Classification for Hospitals

- ✓ AMRIC AMS Advisory Group provides clinical and operational advice and support on AMS guidelines to promote appropriate use of antimicrobials to optimise patient outcomes
- ✓ AMRIC Antimicrobial Consumption Subgroup provides oversight of the surveillance of antimicrobial consumption trends

Antimicrobial Point Prevalence Survey of Acute Hospitals 2024 National Results

RESIST

Key Findings

9,103 patients surveyed in **43 hospitals**

1. Prevalence of antimicrobials

Approximately **4 in 10** patients were on antimicrobials on the day of the point prevalence survey (PPS)

Ireland is 9th highest user of antimicrobials in EU

EU target of 27% reduction by 2030

2. Intravenous (IV) versus oral antimicrobial use

IV	Oral
68%	32%

512 patients suitable for oral switch on day of PPS
Reduce IV use – oral route is better for patients, healthcare system and environment

3. National Green, Amber and Red antimicrobials

24% Green
safer, likely to be effective, less risk of causing AMR (antimicrobial resistance) and *C. diff*

68% Amber
greater risk of causing AMR, *C. diff* and side effects

8% Red
last line used to treat multi-drug resistant infections

4. Antimicrobial use

Piperacillin/tazobactam

54% prescribed for community acquired infections

61% of prescriptions where choice was inappropriate were for respiratory tract infections

Metronidazole

28% in combination with a second antibiotic with anaerobic activity

Double anaerobic cover is rarely indicated

35% suitable for oral switch

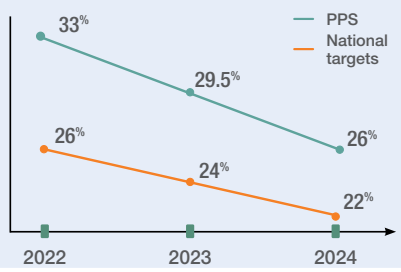
Metronidazole is 100% absorbed after oral doses

5. Respiratory tract infection (RTI)

20% of prescriptions for RTI not in line with local guidelines or microbiologist/ infectious diseases physician advice

11% of prescriptions for RTI were of inappropriate duration

6. Surgical antibiotic prophylaxis (SAP) duration



Read the full national report

Key Recommendations

1. **IV** – Review after 24-48 hours STOP or Go PO
2. **RTI** – Start Smart, Then Focus 5-7 days as per local guidelines
3. **SAP** – Single dose for most procedures

Conducted by antimicrobial pharmacists and multidisciplinary antimicrobial stewardship teams in the acute hospitals across Ireland

HSE AMRIC Regional Events

Patient Partners Are Central To Our Work

Thank you to our patient partners, and their families, for;

- ✓ their willingness to support our work
- ✓ sharing their powerful stories at our IPC / AMS events
- ✓ helping us improve our services by listening to and learning from their experience
- ✓ contributing and participating in our work
- ✓ actively contributing to better healthcare

REO / AMRIC events sharing knowledge and showcasing IPC / AMS initiatives in 2024

Thank you to Bernie O'Reilly, Patients for Patient Safety for sharing the story of her late husband Tony

Thank you to Eimear Hallahan for telling the powerful story of her baby son, James

Thank you to Joseph for allowing Maria Molyneaux CNM2, University Hospital Limerick, to share their experience of the Outpatient Parenteral Antimicrobial Service

Thank you to Clara Meehan, and her mother, for sharing her father's story with us

Our Teams - Providing Expertise, Guidance and Leadership

Antimicrobial Resistance (AMR) has been recognised as one of the greatest potential threats to human and animal health. It has long-term consequences for health and healthcare and these will be profound unless we act now. Through their work, our teams help prevent healthcare infections amongst the most vulnerable of people, keeping patients and colleagues safe and protecting services.

HSE Mid West colleagues at HSE AMRIC Regional event

Grangegorman Primary Care Centre promoting good hand hygiene

St. Columcille's and Cavan and Monaghan Hospitals receive GAMSAS Accreditation

Heather House CNU HSE South West marking World Hand Hygiene Day

Mullingar RESIST hand hygiene event

Dublin North City Centre IPC Link Practitioner Workshop

Primary Care Centre, Carrick on Shannon highlight promoting infection prevention

Implementing the Urinary Catheter Resource Pack
St. Vincent's Community Nursing Unit, Mountmellick

RESIST rollout - Shamrock Plaza, Primary Care Centre Carlow

Celebrating 1,000 Peripheral Vascular Catheter (PVC) Insertions, Beaumont Hospital Intravenous (IV) Team from IPC

HSE AMRIC action plan 2026-2030

This plan has been developed in response to iNAP3 and our key focus is on patients and service users, health and care workers, and the general public.

Service delivery

The national AMRIC team reports to the office of the CCO and is responsible for planning, enabling, performance and assurance of national and clinical IPC, AMS and AMR work in the domain of health. This includes working collaboratively with HSE partners for example the NHPO/HPSC, across government sectors and international partners for example ECDC and WHO.

The AMRIC governance process is key to delivering on the commitments in this action plan. It is acknowledged that during the lifespan of the last action plan there was significant organisational reform in the HSE and the AMRIC team adapted their governance model to align to these reforms and organisational priorities.

The HSE community healthcare organisations (CHOs) and hospital groups (HGs) were stood down, and responsibility and accountability were transferred to the REO and health region executive management teams.

Each HSE health region has responsibility for the planning and coordinated delivery of joined-up health and social care services as part of an integrated structure. IPC and AMS teams have been developed and these established teams aim to deliver timely IPC and AMS integrated care for patients and service users at regional and local level.

These regional IPC and AMS teams work collaboratively with the national AMRIC team, for example, the national AMRIC team develops IPC and AMS guidelines informed by contributions from these teams and stakeholders, and the regional IPC and AMS teams implement these guidelines in clinical practice at their sites.

The development of regional plans will inform and support the work of regional IPC and AMS teams in translating strategy to service improvements for our patients and service users.

Strategic integration

iNAP3 and the HSE AMRIC action plan 2026–2030 were developed to align with:

- WHO global action plan on AMR (GAP-AMR), 2015.
- WHO roadmap on antimicrobial resistance for the WHO European region 2023–2030.
- Ireland's national action plan on antimicrobial resistance 2017–2020, known as iNAP1, 2017.
- Ireland's second One Health national action plan on antimicrobial resistance 2021-2025, known as iNAP2, 2021.
- United nations (UN) political declaration on AMR, 2024.
- Report of the European commission/European centre for disease prevention and control One Health country monitoring visit on AMR to Ireland, 2020.
- WHO global patient safety action plan 2021–2030: towards eliminating avoidable harm in health care, 2021.
- HSE corporate plan 2025-2027, your health, our mission, shaping care together, 2025.
- Sláintecare – a ten-year plan to achieve universal healthcare in Ireland, 2018.
- Learning from public health emergencies and pandemic response.
- DOH statement of strategy 2023-2025.
- Programme for government 2025 - securing Ireland's future, 2025.
- National sexual health strategy 2025-2035, 2025.
- National immunisation office strategic plan 2024-2027, 2024.
- National development plan 2021-2030, 2021.
- HSE health protection strategy 2022-2027, 2022.
- HSE patient safety strategy 2019 – 2024, 2019.
- Department of Agriculture, Environment and Rural Affairs - UK, confronting antimicrobial resistance 2024-2029, 2024.
- Performance and accountability framework, 2025.

- National risk assessment, 2024.
- HIQA national standards for the prevention and control of healthcare associated infections in acute healthcare services, 2017.
- HIQA national standards for infection prevention and control in community services, 2018.
- National standards for mental health services: mental health commission, 2023.
- HSE public health strategy 2025 – 2030, 2025.
- Striving to end tuberculosis: a strategy for Ireland 2024-2030, 2024.
- Adult literacy for life - a 10-year adult literacy strategy, 2021.
- Gap analysis of research needs in relation to antimicrobial resistance in an Irish context, 2025.
- Ireland's AMR One Health thematic network.

Strategic objectives

6 interconnected strategic objectives have been defined by the WHO GAP on AMR. These build on the experience of the previous GAP and provide a framework to collectively address AMR based on the One Health approach. A high-level summary of each of these strategic objectives is set out in the following pages (Appendix 4 sets out tables with HSE actions aligned to iNAP3). This high-level summary outlines the regional and national approach to delivering the HSE AMRIC action plan 2026-2030 in line with the HSE governance arrangements. One Health cross-sectoral actions have been agreed as part of iNAP3, some of which will require input by the HSE (Appendix 5).

Strategic objective 1: Improve awareness and empower behaviour change to reduce antimicrobial resistance

Strategic objective 2: Enhance surveillance of antibiotic resistance and antibiotic use

Strategic objective 3: Reduce the spread of infection and disease

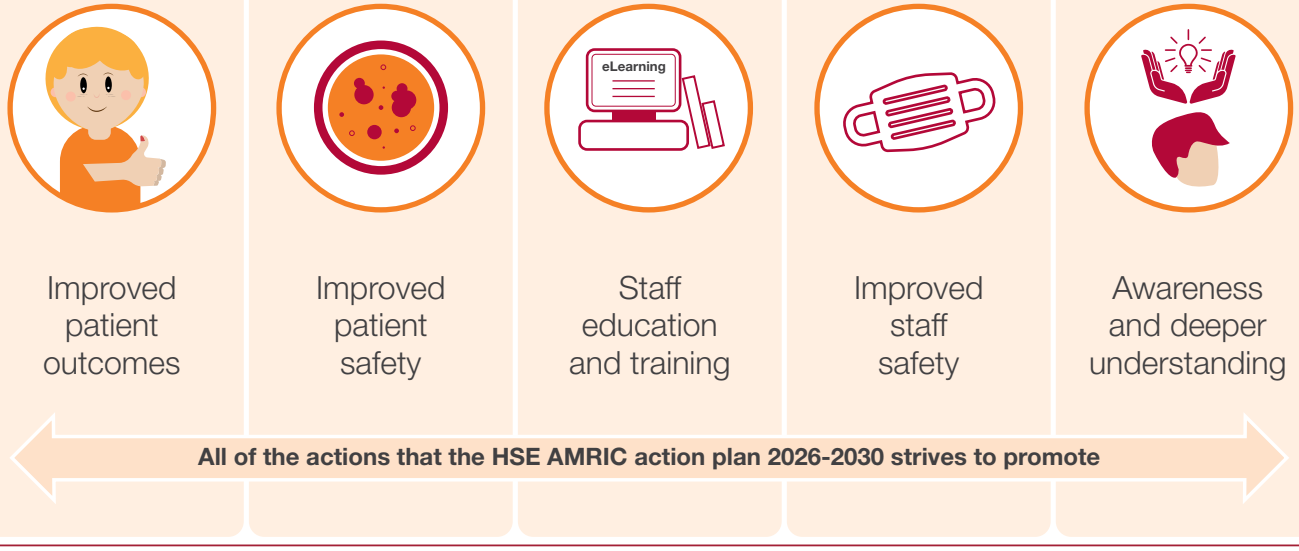
Strategic objective 4: Optimise the use of antibiotics in human and animal health

Strategic objective 5: Promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions

Strategic objective 6: Strengthen multisectoral governance, sustainability, and accountability for a coordinated AMR response across all sectors and at all levels

Outcomes

All of these strategic objectives have specific HSE actions with associated deliverables that will work towards the following outcomes in relation to IPC and AMS over the period 2026-2030.



Strategic objectives: high-level summary

Strategic objective 1: improve awareness and empower behaviour change to reduce antimicrobial resistance

The focus of this strategic objective is to strengthen awareness and promote appropriate social and behavioural change to reduce AMR risks across all sectors. The WHO recognises that reducing AMR risks and driving sustained change requires applying behavioural change insights to all stakeholders across the sectors.

All stakeholders should be empowered with the appropriate information to drive behavioural change for AMR prevention and mitigation across sectors. Education and training should be competency-based and include AMR content and also focus on the environmental drivers of AMR. The WHO have advocated for this at all levels including on the school curriculum and in professional training.

The table below sets out the HSE's key action areas which focus on increasing awareness with the public through cross-sectoral and all-island communications approaches, engaging with stakeholders including public, patients, staff, professional networks, partner organisations and higher education institutes (HEIs) to ensure that the information received is underpinned by behavioural change insights and appropriate to the audience.

At service level across each health region, delivery of communication campaigns, implementing IPC and AMS guidelines and training programmes are key features in embedding AMS and IPC to reduce AMR. Other campaigns will focus on promoting the concept that IPC and AMS is everyone's business and that key stakeholders such as registered nurses/midwives are ambassadors in tackling AMR.

Strategic objective 1: improve awareness and empower behaviour change to reduce antimicrobial resistance	
Regional actions	**National coordination and supports**
Deliver local European Antibiotic Awareness Day (EAAD), International Infection Prevention Week (IIPW), World AMR Awareness Week (WAAW), World Hand Hygiene Day (WHHD) communication campaigns supported by AMRIC communication materials for example RESIST.	Deliver national annual IPC and AMS communications campaigns including an all-island IPC and AMS communications campaign. Support regional teams with partner information packs, communications plans and RESIST materials. Develop communication strategies for general public related to green/red antibiotics, so public are empowered when attending healthcare and receiving treatments.
Implement AMRIC IPC guidelines in a timely and effective manner including winter preparedness and for new and emerging pathogens. Implement National Clinical Guideline (NCG) No. 30 Infection Prevention Control.	Develop and publish AMRIC IPC guidelines to improve patient outcomes and promote patient and staff safety including winter preparedness and for new and emerging pathogens. Engage with stakeholders to ensure AMRIC guidelines incorporate staff and patient experience for example targeted healthcare site visits.
Implement AMRIC AMS guidelines in a timely and effective manner.	Develop and publish AMRIC AMS guidelines to improve patient outcomes and promote appropriate antimicrobial treatment. Engage with stakeholders to ensure AMRIC guidelines incorporates staff and patient experience. Ensure AMRIC resources support health literacy and increased awareness of AMR with the general public and in line with National Adult Literacy Association (NALA) guidelines.

Provide access to media training supported by AMRIC communication materials for IPC and AMS senior leaders. Provide local AMRIC expertise to act as spokespersons on IPC and AMS matters locally. Promote AMRIC training and eLearning and supportive materials to all staff to develop a call to action that IPC and AMR/AMS is everyone's business.	Develop and provide access to media training and/or communication materials for IPC and AMS senior leaders. Provide national AMRIC expertise to act as spokespersons on IPC and AMS matters nationally. Develop and promote AMRIC training and supportive materials to all staff to develop a call to action that IPC and AMR/AMS is everyone's business.
Include in regional HEI Service Level Agreements (SLAs) the requirement for AMR, IPC and AMS education and training as core competencies.	Develop AMRIC related content for delivery as part of undergraduate and postgraduate training programmes, such as eLearning, supportive materials and guidelines. Engage with HEIs and post-graduate bodies for healthcare training to promote AMR, AMS and IPC within their training programmes using standardised AMRIC materials.
Promote the role of all health and care workers in antimicrobial stewardship. Empower all health and care workers to become "ambassadors" for the key messages related to appropriate antibiotic use, to the public and to their colleagues supported by AMRIC education materials.	Develop and publish AMRIC resources that will empower health and care workers to be "ambassadors" for key AMRIC messages. Explore innovative ways of engaging stakeholders in AMS/IPC education for example microlearning/podcasts/ interactive workshops/simulation.
In line with the work of the Oral Health office pilot a self-auditing framework covering prescription of antimicrobials and antimicrobial stewardship for all registered dentists.	In line with the work of the Oral Health office scope a self-auditing framework covering prescription of antimicrobials and antimicrobial stewardship for all registered dentists.
Other national coordination and supports	
Publish quarterly RESIST newsletters to provide AMS/IPC updates and news to professional audiences.	
Engage with One Health partners to explore opportunities for collaboration on IPC and AMS initiatives.	
Input to a cross-sectoral public information communications campaign.	
Partner with Northern Ireland to explore opportunities for collaboration on IPC, AMS and AMR initiatives.	
Expand and include IPC, AMR and AMS topics on the HSE health app.	
Support the general public to be empowered regarding their own care through inclusion of their antibiotic history by way of the "my medicines list" in the HSE health app.	
Provide relevant professional bodies with AMRIC materials to support continuous professional development (CPD) and education on AMR, IPC and AMS.	
Build and support professional networks, which address AMR, IPC and AMS.	
Engage with the Department of Education and Youth (DEY) to promote an IPC and AMS education programme that aims to promote positive behavioural change amongst children and young people in early years, primary and post primary education settings.	
Use behavioural change approaches and concepts to develop public and staff facing information including appropriate self-management of minor illnesses.	

Strategic objective 2: enhance surveillance of antibiotic resistance and antibiotic use

The focus of this strategic objective is to strengthen surveillance systems and diagnostic networks to inform effective, evidence-based AMR policies and actions across all sectors. The WHO recognises that AMR surveillance should include bacterial, fungal, parasitic and viral resistance. It is essential that data is of high quality and representative. To support enhanced surveillance, quality-assured laboratory networks are essential, in particular for enabling comparisons both across-sectors and internationally. The WHO also recognises the role of legal frameworks in this regard.

The WHO promotes strengthening of national AMR surveillance systems to align them with international approaches such as WHO global antimicrobial resistance and use surveillance system (GLASS). It recognises that data must be used to inform actions and policy changes, and that data collection may be enhanced by advances in technology such as genomic sequencing to enable early detection of emerging threats and transmission hotspots.

The table below sets out the HSE's key action areas which focus on enhancing surveillance of antibiotic resistance and antibiotic use. Ensuring prudent antimicrobial use is key to an effective response to AMR, as antimicrobial use exerts ecological pressure on bacteria and contributes to the emergence and selection of resistant bacteria. The importance of antimicrobial consumption surveillance data to guide and evaluate interventions targeting AMR is highlighted at both EU and global levels.

At a national level, there is a focus on data for action, developing national systems to collect data focused on tackling HCAI transmission in intensive care units (ICUs), SSI, AMR and HCAIs in residential care settings. It also focuses on a full-population approach to ensure data are representative. Submission of Irish data to international and European studies is also a focus. It is important that the data collected supports change with appropriate feedback to promote quality improvement.

At service level across each health region, the focus is on collation and submission of data and implementation of various quality improvement programmes. AMRIC tools such as audit and prescriber feedback will support a shift to more appropriate prescribing, which is essential in addressing AMR.

Strategic objective 2: enhance surveillance of antibiotic resistance and antibiotic use	
Regional actions	**National coordination and supports**
Monitor and report incidence of ICU-onset *S. aureus* blood stream infection, ICU-onset *C. difficile* infection. Deliver quality improvement programmes to reduce HCAIs in ICUs.	National reporting of incidence of ICU-onset *S. aureus* blood stream infection, ICU-onset *C. difficile* infection. Support quality improvement programmes to reduce HCAIs in ICUs.
Support regional/local quality improvement SSI projects supported by appropriate governance. Monitor and report incidence of SSIs in line with national SSI surveillance programme. Implement the position statement on duration of surgical antibiotic prophylaxis (SAP). Deliver quality improvement programmes to reduce SSIs.	Develop national system for collection of SSI surveillance data. Expand SSI surveillance programme in line with highest risk. Reporting risk-adjusted SSI rates to support SSI surveillance programme. Evaluate the SSI surveillance programme. Support quality improvement programmes to reduce SSIs.
Support regional collation and data submission for example business intelligence unit (BIU), computerised infectious disease reporting (CIDR), PPS and others as required.	HPSC – Submit and report on Irish HCAI and AMS data to WHO/European studies/PPS for example EARS-Net reporting, One Health reporting. AMRIC – Report on HCAI and AMS data in line with HSE performance and accountability framework.

Support appropriate prescribing of antimicrobials in all settings (acute hospital and community) to reduce the use of broad-spectrum antimicrobials (acute hospitals – red and amber; community – red) in preference for narrower spectrum antimicrobials (green).	Provide prescriber level feedback reports on antimicrobial prescribing to support incremental quality improvement and behavioural change.
Deliver quality improvement programmes based on recommendations from national and European studies/PPS's.	Support participation of Irish healthcare facilities in national and European studies/PPS's. Provide timely reporting of national data with targeted recommendations.
Other national coordination and supports	
Deliver HSE Strategic Plan for Laboratory Services 2026-2035.	
Expand and integrate AMRIC epidemiological systems infrastructure to enhance data analytics capacity.	
Explore inclusion of additional pathogens in national HCAI surveillance.	
Progress AMS community pharmacy dispensed reporting to enable detailed tracking and analysis of antimicrobial use, facilitating targeted interventions and stewardship efforts with initial pilot.	
IPC and AMS input to policy development to deliver a framework within which the HSE can work with private healthcare providers on surveillance.	
Develop a national system for monitoring, reviewing, submission of data and provide feedback on levels of antibiotic resistance in the community in common community-acquired infection for example, urinary tract infection (UTI).	
Enhance community residential care facilities HCAI dataset.	
Improve the collection, reporting, analysis and feedback to prescribers of AMS consumption data for example dental services.	

Strategic objective 3: reduce the spread of infection and disease

The focus of this strategic objective is on infection prevention across all sectors to reduce the infectious disease burden and the need for antimicrobials. The WHO have always promoted that prevention of infections and reducing the transmission of resistant pathogens are key elements of the AMR response.

The WHO also recognises that for healthcare, IPC core components must extend across the continuum of care, and key focuses such as hand hygiene, infrastructure and vaccination remain key drivers in addressing the spread of infection and resistant pathogens.

The table below sets out the HSE's key action areas. These focus on health infrastructure, through both developing and publishing infection control guiding principles for buildings and the expansion and approval and monitoring of the annual AMRIC minor capital allocations at national level. Other projects to prevent infection include the delivery of IV care teams. Delivery of other strategies such as the sexual health strategy (informed by specialist IPC and AMS input) and the national immunisation office strategic plan are also key to reducing the spread of infection and disease. Other work is underway to update the HSE's serious reportable events (SRE) review process to inform and support safer patient care.

At service level across each health region, the focus is on integration of IPC teams with other partners such as capital and estates to ensure the minor capital projects, other developments and refurbishments are in line with best practice and support the highest standards in IPC. Regional implementation of projects such as the IV care teams, and homecare services training are also key to reducing the spread of infection and disease. The delivery of the public immunisation campaigns and health and social care worker vaccination campaigns are also key to reducing infection risk.

Strategic objective 3: reduce the spread of infection and disease	
Regional actions	**National coordination and supports**
Integration between regional/IHA estates and IPC teams to deliver and provide specialist IPC input on major/minor/refurbishment capital projects, informed by national AMRIC guidelines. Deliver annual AMRIC minor capital projects.	Develop and publish updates to AMRIC "infection control guiding principles for buildings, acute hospitals and community settings". Expand, approve and monitor annual AMRIC minor capital allocations. Contribute expert IPC advice to national HSE capital and estates to inform the prioritisation of capital projects that identify and address IPC high-risk issues.
Implement procedure for prevention of peripheral and central venous catheter related infections to inform quality improvement and education. Roll out IV care teams.	Review and evaluate the procedure for prevention of peripheral and central venous catheter related infections and associated eLearning course. Support roll out of IV care teams for all model 3 and 4 hospitals. Explore expansion of role and scope of IV care teams to include other devices.
Monitor, review and feedback on IPC serious incidents to inform learning and improve patient safety.	Update HSE SRE review process in relation to IPC and AMS.
Implement AMRIC IPC and AMS guidelines in homecare services. Collaborate with homecare services (HSE and private providers) to deliver standardised IPC and AMS training and education.	Develop and review AMRIC guidelines to support safe delivery of services provided in a person's home, in collaboration with key stakeholders including patients and their families and/or their representatives for example, personal care services, outpatient parenteral antibiotic therapy (OPAT), community intervention teams (CIT), home care packages, home dialysis and community radiology service.
In line with the work of the Oral Health office implement actions to address AMR as outlined in the WHO global oral health action plan (GOHAP) for all registered dentists.	In line with the work of the Oral Health office support actions to address AMR as outlined in the WHO GOHAP for all registered dentists.
Other national coordination and supports	
National sexual health strategy 2025-2035: provide specialist IPC and AMS input to sexual health services and health promotion.	
National immunisation office strategic plan 2024-2027: deliver national immunisation programmes.	
HSE's climate action strategy 2023-2050: • Promote appropriate use and disposal of single use items in line with IPC/AMS guidelines for example PPE and consumables. • Promote appropriate disposal of antimicrobials and biocides. • Contribute to One Health public-facing communications campaign with regards to disposal of unused antimicrobials. • Support the roll-out of an unused medicines return and disposal scheme. • Promote with the general public the roll-out of an unused medicines return and disposal scheme for the safe disposal of medicines in community pharmacies.	

Strategic objective 4: optimise the use of antibiotics in human and animal health

The focus of this strategic objective is to ensure antimicrobials are recognised by policy as essential for human, animal and plant health. The WHO advocates that this is matched with effective AMS policies implemented across all sectors and levels of care for example, primary care. Health AMS treatment guidelines should be guided by WHO AMS principles for example Access, Watch Reserve (AWaRe) and the WHO antibiotic book. National programmes should be informed by robust AMR and AMS surveillance data, behavioural insights and benchmarking to ensure evidence-based prescribing. The WHO advocates for a workforce that is strengthened by way of education and training.

The table below sets out the HSE's key action areas. These focus on ensuring AMS and diagnostic stewardship requirements are included in electronic system design, ensuring that there is appropriate management of shortages, development of medicines shortages multi stakeholder framework, policy input to support appropriate AMS in all settings for example HSE GP out of hours (GP OOH) cooperatives, women's health services and dental services. Behavioural change psychology will be explored to promote alternatives to the use of antimicrobials when there is no clear evidence of benefit for the patient.

At service level across each health region, initiatives to optimise the use of antimicrobials include: the implementation of the NCSICS, enhanced engagements with prescribers to shift from red/amber to green antimicrobial prescribing and overall reduction in consumption, implementing the HSE GP OOH antimicrobial prescribing project, implementing AMS guidelines in private residential settings and ensuring the patient experience and voice informs regional/local quality improvement initiatives.

Strategic objective 4: optimise the use of antibiotics in human and animal health	
Regional actions	**National coordination and supports**
Implement NCSICS.	Support implementation of NCSICS.
Implement AMRIC audit tools and educational materials to support appropriate antibiotic prescribing for all prescribers. Implement digital platforms to support audit, which is user-friendly, and informs quality improvement. Enhance engagements between community antimicrobial pharmacists and community prescribers to support improved antibiotic prescribing including the shift from red to green antibiotic prescribing and overall reduction in consumption.	Develop audit tools and educational materials to support appropriate antibiotic prescribing for all prescribers, for example, advanced nurse practitioners and nurse prescribers.
Implement HSE GP OOH antimicrobial prescribing project to all HSE GP OOH services.	Review and evaluate the HSE GP OOH antimicrobial prescribing project. Explore and design software adaptations to enable extraction from GP software systems of pre-defined reports in collaboration with approved GP software providers to provide real-time prescribing data.
Implement IPC and AMS guidelines in private residential settings.	Provide AMRIC resources to private residential care providers including AMRIC IPC and AMS guidelines, education and resource materials, for example, patient information leaflets. Explore with private residential care providers AMS, AMR and IPC data submission.
Regional/IHA integration between regional patient councils to ensure the patient experience and voice informs regional/local quality improvement initiatives.	Collaborate with patient advocacy and representative groups to ensure the patient experience and voice informs the development and updating of AMR/IPC and AMS guidelines. Collaborate with patient partners to ensure the patient experience and voice informs the delivery of the HSE AMRIC action plan 2026–2030.

Deliver the IPC and AMS link practitioner programme to other community settings and HSE acute hospitals.	Expand the IPC and AMS link practitioner programme to other community settings and HSE acute hospitals.
Deliver hand hygiene train the trainer programme to community settings and HSE acute hospitals. Enhance surveillance to minimise transmission risks, for example, monitoring quality of environmental cleaning.	Review and expand hand hygiene train the trainer programme and hand hygiene lead auditor training to other community settings and HSE acute hospitals Enhance and strengthen hand hygiene data collection and audit processes across all healthcare services.

Other national coordination and supports

Provide specialist AMR, AMS and IPC input to the design and planning of eHealth systems such as the HSE health app, EHR, medical laboratory system and OCIMs system, ePrescribing etc. to support best practice in AMS and IPC patient care and reporting of IPC and AMS data to deliver better patient outcomes.

Optimise access to antimicrobials:

- Provide specialist input about appropriate management of shortages in collaboration with the health products regulatory authority (HPRA).
- Enhance communication processes on shortages to prescribers and provide alternative prescribing options to achieve best patient outcomes.
- Promote the importance of equity of access to antibiotics at all levels of the health system.
- Input to the development of medicines shortages multi stakeholder framework, to safeguard supplies of critical antimicrobials for patients with high clinical needs.
- Input to international fora, for example, health emergency preparedness and response authority (HERA) to ensure Irish antimicrobials supply is inputted to European frameworks.
- Escalate risks of vulnerable antimicrobial supply chains appropriately.

Enhance **www.antibioticprescribing.ie** in collaboration with stakeholders to support better navigation and access to best practice in antimicrobial prescribing.

Support ongoing monitoring, evaluation and prescriber-level feedback for the common conditions service in community pharmacy.

Provide IPC and AMS input into the review of the availability of point of care testing (POCT) technologies in Ireland.

Improve women's health outcomes and experiences of healthcare by providing IPC and AMS input to guidelines in partnership with programmes such as national women and infants health programme, urology and surgery.

Alternatives to prescribing:

- Explore behavioural change psychology with partners to promote alternatives to prescribing.
- Promote delayed antibiotic prescribing strategies and develop education and training.
- Promote self-care for self-limiting infections and supporting material.
- Create patient-facing material to address patient expectation of antibiotics.

Input to DOH policy to support appropriate antimicrobials prescribing.
Utilise community pharmacy agreement 2025 medicines optimisation fund to support AMS-related initiatives.
Explore pilot incentivisation schemes to support appropriate prescribing and reporting (subject to policy agreement).

Provide IPC and AMS input to national clinical programmes and bodies to ensure that IPC and AMS best practice is incorporated into their models of care/clinical guidelines, for example, sepsis, infectious disease, women's health, sexual health and palliative medicine.

In line with NCG No.26 on sepsis management for adults including maternity care, provide specialist IPC and AMS input to sepsis guidelines.

Strategic objective 5: promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions

The focus of this strategic objective is to ensure multidisciplinary research on AMR that should encompass clinical, implementation and operational considerations. This includes understanding of environmental transmission risks.

Scaling up AMR-related research is fundamental to ensure timely and equitable access to new innovations, for example, novel antimicrobials, point of care products, vaccines and wastewater management. The WHO promotes a cross-sector research approach and research priorities should be guided by WHO's bacterial and fungal priority pathogen lists.

Sustainable financing and investment models should support AMR research and innovation, this should be complemented by developments through appropriate public/private partnerships and funding arrangements. Partnership with academia is essential to ensure research and development includes system solutions.

The table below sets out the HSE's key action areas for this objective. These focus on collaboration with the One Health thematic network group to prioritise research projects to mitigate IPC, AMS and AMR risks and share learning and behavioural change.

Support evidence-based reviews on behavioural change initiatives to determine shifts in antibiotic prescribing and consumption and the collection of operational costs attributable to AMR.

At service level across each health region, implementing quality improvement projects/programmes are essential to address IPC, AMR and AMS.

Strategic objective 5: promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions	
Regional actions	**National coordination and supports**
Deliver quality improvement projects related to IPC, AMR and AMS and promote sharing and dissemination of lessons learned.	In line with the "Framework for improving quality in our health service" develop and implement quality improvement projects/programmes related to IPC, AMR and AMS and promote sharing and dissemination of lessons learned.
Other national coordination and supports	
Facilitate research projects on the development of supports and tools to mitigate IPC, AMS and AMR risks and share learning for example infrastructure, behavioural change psychology, engineering, diagnostics stewardship, AI and machine learning, optimising the electronic health record for IPC and AMS.	
Collaborate with the One Health thematic network group to prioritise research projects on the development of supports and tools to mitigate IPC, AMS and AMR risks and share learning.	
Prioritise with the One Health thematic network research/systematic review to determine the role and burden of environmental issues including healthcare infrastructure with transmission of HCAIs. Build on existing wastewater surveillance work to evaluate AMR and antibiotic burden in the environment. Prioritise with the One Health thematic network research/systematic review to determine the role and burden of foodborne antibiotic resistant pathogens and their impact on human health.	
Facilitate research projects on the development of supports and tools to mitigate IPC, AMS and AMR risks and share learning. Facilitate and recognise the importance of research in areas of IPC, AMR and AMS. Develop AMRIC criteria for the prioritisation of support for strong grant proposals which identify and address AMR, IPC and AMS in line with the HSE AMRIC action plan 2026–2030.	
In collaboration with research partners, support evidence-based reviews on behavioural change initiatives to determine shifts in antibiotic prescribing and consumption.	
Support Health Information Quality Authority (HIQA) by providing specialist IPC, AMS and AMR advice and expertise on the collection of operational costs attributable to AMR.	
Provide input to health technology assessments (HTAs) on IPC, AMS and AMR as identified by DOH, consider developments in POCT technologies.	

Strategic objective 6: strengthen multisectoral governance, sustainability, and accountability for a coordinated AMR response across all sectors and at all levels

The focus of this strategic objective is to strengthen multisectoral governance, sustainability and accountability to ensure the AMR response is coordinated at all levels in all sectors. The WHO recognise that effective cross-sectoral governance structures and health governance arrangements should be underpinned by a One Health approach. The table below sets out the HSE's key action areas. Sustainable implementation of the HSE action plan requires AMR interventions to be embedded within broader HSE service developments. Accountability should be reinforced through transparent national reporting, by regular independent monitoring and evaluations to drive learning and continuous improvement.

Adequate financing including defined national and regional/service budget allocations are critical for a sustained multisectoral One Health and HSE response to AMR. AMR investments should be evidenced-based, linked to strong accountability frameworks and prioritise high-risk, high-impact, cost-effective interventions.

Some key actions in this regard are the implementation of robust clinical governance and management structures to support AMRIC work and delivery of a HSE resource model for IPC and AMS staff.

At service level across each health region, the focus is on ensuring that IPC and AMS teams are underpinned by robust governance structures. The HSE resource model for IPC and AMS staff sets out recommended minimum levels of AMS and IPC staffing which will support local teams to plan service delivery across their regions.

Strategic objective 6: strengthen multisectoral governance, sustainability, and accountability for a coordinated AMR response across all sectors and at all levels	
Regional actions	**National coordination and supports**
Develop and monitor regional AMRIC action plan using national template. Familiarise all staff with the HSE AMRIC action plan 2026-2030 and relevant regional AMRIC action plans.	Collaborate with all stakeholders including patient partners to develop and publish the HSE AMRIC action plan 2026-2030. Implement on a phased basis the HSE AMRIC action plan 2026-2030 in collaboration with all stakeholders. Monitor and review HSE AMRIC national action plan 2026-2030 in line with governance and accountability requirements.
Use the HSE resource model for IPC and AMS staff to inform service delivery at regional level and resource requirements as part of estimates/funding submissions.	Provide and update periodically the HSE resource model for IPC and AMS staff to inform service delivery at regional level.
Other national coordination and supports	
Improve timeliness of reporting of AMRIC indicators aligned to the health systems performance assessment framework.	
Undertake an interim review of existing staffing resources as proposed by the updated AMRIC staff resource model to inform service delivery at national and regional level.	

Measures[5]

In addition to continuing work to enhance governance, structures and processes (detailed in this action plan), this plan continues to include challenging outcome targets for achievement by 2030. These targets are aligned with EU Council targets related to antimicrobial consumption to be reached by 2030. This reflects the HSE's ambition with respect to iNAP3.

Some of the following outcome measures are linked to EU Council targets and key performance indicators (KPIs) in the HSE NSP[6]. In 2023, the EU Council outlined targets related to antimicrobial consumption and AMR, using 2019 rates as a baseline. Ireland's 2030 target is to reduce, by 27% the total consumption of antibiotics in humans (combined community and acute hospital consumption).

Change in AMS and IPC practice on a national scale is challenging; it must be supported by robust annual planning, aligned to longer-term measures. This plan sets clear targets in relation to AMR, AMS and IPC over the period 2026-2030.

HCAIs

- **Hospital-associated *Clostridioides difficile* infection*:** For 2026, the HSE has set a target of less than 2.0 new cases of hospital-associated *C. difficile* infection per 10,000 bed days used. The HSE will work to reduce that target to reach less than 1.9 new cases per 10,000 bed days used by 2030.
- **Hospital-acquired *Staphylococcus aureus* bloodstream infection*:** For 2026, the HSE has set a target of less than 0.7 new cases of hospital-acquired *S. aureus* bloodstream infection per 10,000 bed days used. The HSE will work to reduce that target to reach less than 0.6 new cases per 10,000 bed days used by 2030.

Antimicrobial consumption[7]

- **Community consumption of antibiotics*:** For 2026, the HSE has set a target of less than 20.0 defined daily doses per 1,000 population per day. The HSE will work to reduce that target to reach less than 14.9 defined daily doses per 1,000 population per day by 2030.
- **Acute hospital consumption of antibiotics:** For 2026, the HSE has set a target of less than 77.0 defined daily doses per 100 bed days used. The HSE will work to reduce that target to reach less than 70.0 defined daily doses per 100 bed days used by 2030.
- **Compliance with surgical antibiotic prophylaxis duration position statement:** In 2026, the HSE has set a target of 25% of surgical antibiotic prophylaxis prescriptions extended beyond 24 hours. The HSE will work to reduce that target to reach 21% by 2030.
- **General practice prescription of antibiotics:**
  - » For 2026, the HSE has set a target of 29% of antibiotics prescribed belonging to the "red" antibiotic group (antibiotics prescribed in general practice and paid for by the primary care reimbursement service (PCRS)). The HSE will work to reduce that target to reach 25% by 2030.
  - » For 2026, the HSE has set a target of 145 antibiotic prescriptions per 100 GMS patients (antibiotics prescribed in general practice and paid for by the PCRS). The HSE will work to reduce that target to reach 109 antibiotic prescriptions per 100 GMS patients by 2030.
- **WHO access group of antibiotics:** By 2030, the EU aims for at least 65% of total antibiotic consumption in humans to belong to the access group of antibiotics in every member state as defined in the AWaRe classification of the WHO. ECDC reported that Ireland has already met this target with an access group proportion of 75.1% in 2023. HSE will continue to monitor this measure and target to maintain at least 65% in the access group.

5. Appendix 6 sets out these measures in tabular format
6. Appendix 7 sets out the AMRIC KPIs in the NSP 2025
7. Note: From a gap analysis of the current data collection methods for antibiotic consumption data in acute and community settings it has been identified that not all antibiotic use in these settings is captured in the current rates, this is a limitation of this dataset. Going forward, improvements in data capture may result in increases in the reported figures; this will be identified where applicable. Efforts will be made to report figures using the current rate and the new rate or by updating the historical data accordingly. The commitment will remain to achieve the relevant annual percentage reduction in rates/targets.

Note: In 2023, the EU Council outlined targets related to antimicrobial consumption and antimicrobial resistance to be reached by 2030, using 2019 rates as a baseline. Ireland's 2030 target is to reduce by 27% the total consumption of antibiotics in humans. Whereas the ECDC measures combined consumption, HSE measures consumption separately for the community and acute setting and therefore 2 separate targets are required. The 2030 HSE targets for the community consumption and acute consumption of antibiotics are based on achieving a combined 27% reduction of the annual rates reported in 2019 by HPSC, with the community consumption 2030 target at a 28.8% decrease and the acute consumption target at an 8.5% decrease. Community consumption accounts for approximately 90% of antibiotic consumption in human health in Ireland, with acute consumption accounting for approximately 10%. Based on this the major focus of the work on consumption reduction needs to be targeted in community settings.

Healthy Ireland survey

The annual national healthy Ireland survey assesses the health and wellbeing of the population of Ireland. The results provide a baseline of data on the health of the nation. To date over 7,500 people have partaken in each wave of the survey. Maintaining awareness and deepening the understanding among the public of AMR is an objective of this plan. In 2023 the results of the healthy Ireland survey[8] indicated that:

- 41% report taking an antibiotic in the previous 12 months. This is significantly higher than the 27% reported in 2021, and 2 points higher than the 39% reporting doing so in 2017. The dip in 2021, is likely reflective of lower levels of prescription of antibiotics during 2020 due to reduced GP visits and lower overall infection rates in the context of the restrictions in place during COVID-19 pandemic.
- There is a broadly consistent gender gap over the life course, with women in all age groups up to the age of 75 more likely than men to have taken an antibiotic.
- In terms of antibiotic awareness, 78% correctly agreed that antibiotics kill bacteria and 59% correctly disagreed that antibiotics can kill viruses. Understanding of antibiotics is higher among women (81%; 67%) than men (74%; 50%).

Stakeholders

Stakeholders are fundamental to the design and delivery of the actions and projects set out in this plan. Each action sets out the HSE leads responsible for planning and implementation and key stakeholders whose expertise and collaboration are essential for delivery. Appendix 8 sets out the methodology to the development of this HSE AMRIC action plan 2026–2030 and the list of key stakeholders.

All contributors and stakeholders are acknowledged in the preparation of this HSE AMRIC action plan 2026–2030. We are grateful for their input, support and role in continuing to advance Ireland's One Health response to AMR.

8. Healthy Ireland Survey, Published by Government of Ireland, 2024

Implementation

Each action in the plan sets out the HSE leads and stakeholders who will work together to deliver the action. The delivery of this plan is made possible by commitment of national teams and colleagues across our regions. Collaboration with stakeholders, in particular patient partners, underpins the delivery of this plan.

The national AMRIC team reports to the office of the CCO and is responsible for planning, enabling, performance and assurance of national and clinical IPC/AMS/AMR work in the domain of health. This includes working collaboratively across government sectors and international partners for example ECDC and the WHO.

This approach ensures there is strategic and operational alignment for planning and implementation of health actions related to iNAP3 and other related government strategies. The phased implementation of this action plan will be one of the AMRIC commitments included in the HSE 2026 NSP (and subsequent NSPs).

Governance

Health regions were established in 2024; this has led to organisational changes to service delivery within the HSE. The AMRIC governance model was updated in line with this restructuring and the HSE centre reform programme.

Responsibility for ensuring AMR, AMS and IPC care is of high quality and meets local needs and national standards lies with each health region, however, the AMRIC governance structures provide a mechanism for leadership, support, planning and monitoring etc. This approach ensures strategic and regional alignment to the planning and implementation of actions related to AMRIC initiatives and other related issues of AMS and IPC concern.

Regional plans must be developed and agreed at the local level to align with the HSE AMRIC action plan 2026-2030, focusing on the specific needs of each region and embedding IPC and AMS into local service delivery.

Monitoring and review

Regional reporting

Regional plans should be monitored through the local and regional governance structure and HSE accountability framework.

National reporting

The AMRIC team reviews and monitors the implementation of projects and actions through an agreed AMRIC programme management process on a monthly basis.

Data reporting

The HPSC submit and/or publish Irish data to international surveillance programmes for example ECDC EARS-Net. The AMRIC team provides operational HCAI and AMS data to the CCO and REOs, the AMRIC team also publishes data for example CPE monthly reporting.

Reporting to Chief Clinical Officer

A quarterly portfolio report is provided to the HSE CCO in line with the HSE performance and accountability framework. These reports and discussions inform on progress and where corrective measures or actions need to be agreed in order to achieve projects.

DOH/AMRIC accountability forum

A DOH/AMRIC accountability forum is in place where progress reporting is a standing agenda item.

National interdepartmental antimicrobial resistance consultative committee

The national interdepartmental AMR consultative committee meets bi-annually and updates on HSE AMRIC progress are provided. Members of the AMRIC team participate on this committee. This was established in 2014, and is co-chaired by the Chief Medical Officer, DOH and the Chief Veterinary Officer, DAFM. The establishment of this committee meets Ireland's requirements to have an intersectoral coordinating mechanism for addressing AMR at European and global level.

One Health oversight committee

The Government of Ireland has established a cross-department One Health oversight committee in July 2025. One Health recognises that the health of humans, domestic and wild animals, plants, and the wider environment, including ecosystems, are closely linked and interdependent. The committee provides leadership to the One Health approach across the island of Ireland by facilitating collaboration and co-operation to systemically strengthen capacity and collaboration among diverse stakeholders. It's function is to facilitate collaboration that enhances public health intelligence and improve evidence for decision-making so that Ireland can prevent, predict, prepare for and effectively manage new and emerging health threats.

Risks, opportunities and dependencies

Risks

- **Service demand**
  The increasing demands for AMR, AMS and IPC related services, which are often beyond funded levels.
- **Staffing, recruitment and retention**
  Recruiting and retaining skilled and motivated staff is central to addressing AMR and IPC. The recruitment and retention of highly skilled and qualified IPC/AMS practitioners remains a risk at all levels across service.
- **Integrated digital information systems**
  The limitations of digital information systems are a significant challenge, as are further deficits in digital health systems to enable communication, co-ordination on AMR, AMS and IPC care. Limitations in accessing core data to support analysis is also a challenge.
- **Emerging threats**
  Emerging threats have a significant impact on our lives, our economy and the way we deliver health care services, it is critical to be prepared for new and emerging threats such as *Candidozyma auris*.
- **Capital investment/healthcare environment deficits transmission**
  The scale of capital investment required to address compliance with IPC guidelines is acknowledged, however, access to capital investment remains a significant challenge. It is also important to note that infrastructure and equipment resources are key factors in the transmission of HCAIs. The capacity to address critical historical infrastructure deficits remains a risk and continues to be a key consideration in the planning and prioritisation of minor/major capital funding.
- **Healthcare occupancy and capacity**
  Related to the infrastructure deficits and other factors in how services are organised, very high occupancy in acute hospital services and high levels of demand in all community service areas are important risks to delivery of stated objectives.

Opportunities

- **Awareness and understanding of AMR, AMS and IPC**
  Response to public health emergencies has increased the awareness and understanding of AMR, AMS and IPC. It is hoped that this will have a demonstrable effect on behavioural change in this area.
- **Organisational governance structure**
  Robust organisational governance structures support the AMRIC team, HSE leads and stakeholders to deliver the HSE AMRIC action plan 2026-2030 and achieve the strategic objectives.

- **AMR, IPC and AMS regional teams**
  There is a cohort of highly motivated and expert AMR, IPC and AMS practitioners working to integrate and support front line services. Practicing IPC in line with the NCG No. 30 Infection Prevention and Control will lead to improved care, standardise practice and better outcomes for patients and their families and staff. These skilled and committed health and care workers provide the direct care to patients and services users. Their skill and commitment is the foundation to any successful AMR, IPC and AMS programme.

- **Patient partner involvement**
  AMRIC is committed to continued engagement with patient partners, their families and caregivers to help to drive service improvement. Their experiences support and inform patient-centred AMRIC guidelines and quality improvements.

- **Emerging technologies**
  New technologies, including information and communications technologies may create opportunities to improve IPC and antimicrobial prescribing.

Dependencies

- **Organisational priorities**
  The need for HSE management, partners and service leads to endorse and align AMR, IPC and AMS as part of their service planning.

- **Electronic Health Record**
  The delivery of the EHR project which is being delivered by HSE Technology and Transformation (T&T) is a key dependency for a number of projects contained within this action plan.

- **ePrescribing**
  The delivery of the ePrescribing project which is being delivered by HSE T&T is a key dependency for a number of projects contained within this action plan.

- **Policy**
  Policy input for IPC and AMS, for example policy input required to explore addition of further private hospitals to HCAI and antimicrobial consumption reporting.
  Policy input to contractual arrangements with private providers is a key dependency for a number of projects, for example contractual arrangements for community pharmacies will be essential for the reporting and collation of national surveillance data for AMS (this is dispensing data).

Appendices

Appendix 1 - Glossary

AI	Artificial Intelligence
AMR	Antimicrobial Resistance
AMRIC	Antimicrobial Resistance and Infection Control
AMP	Antimicrobial Pharmacist
AMS	Antimicrobial Stewardship
AWaRe	Access, Watch, Reserve
BIU	Business Intelligence Unit
C. difficile	*Clostridioides difficile*
CEO	Chief Executive Officer
CCO	Chief Clinical Officer
CHESTSSS	Concerns, History/Examination, Expectations, Symptoms explanation, Timeline, Shortcomings of antibiotics, Self-care, Safety-netting
CHOs	Community Healthcare Organisations
CNRLS	Clinical National Reference Laboratory Service
CPD	Continuous Professional Development
CICER	Collaboration in Ireland for Clinical Effectiveness Review
CIDR	Computerised Infection Disease Reporting
CIT	Community Intervention Team
CNM	Clinical Nurse Manager
CNS	Clinical Nurse Specialist
CNRLS	Clinical national reference laboratory service
COVID 19 - SARS	CoV-2 virus
CPD	Continuous professional development
CPE	Carbapenemase Producing Enterobacterales
DAFM	Department of Agriculture, Food and the Marine
DDD	Defined Daily Dose
DoxyPEP	Doxycycline for post exposure prophylaxis
DOH	Department of Health
DON	Director of Nursing
DCEE	Department Climate Energy and Environment
DEY	Department of Education and Youth
EAAD	European Antibiotic Awareness Day (EAAD)
E. coli	*Escherichia coli*
EARS-Net	European Antimicrobial Resistance Surveillance Network
ECDC	European Centre for Disease Prevention and Control
ED	Emergency Department
EHR	Electronic healthcare record
ESAC-Net	European Surveillance of Antimicrobial Consumption Network
EU	Europe Union
EU JAMRAI2	European joint action on antimicrobial resistance and HCAIs
GAP	Global Action Plan
GLASS	Global Antimicrobial Resistance and Use Surveillance System
GOHAP	Global oral health action plan
GP	General Practitioner
HALT	Healthcare-associated infections in long-term care facilities project
HCAIs	Healthcare-Associated Infections
HCID	High Consequence Infectious Disease
HEIs	Higher Education Institutes
HERA	Health Emergency Preparedness and Response Authority's
HIQA	Health Information Quality Authority
HIV	Human Immunodeficiency Virus
HPOL	Health Protection Operational Leadership
HPRA	Health Products Regulatory Authority
HPSC	Health Promotion Surveillance Centre
HR	Human Resources
HRB	Health Research Board
HSE	Health Service Executive
HTA	Health Technology Assessment
ICGP	Irish College of GPs
ICU	Intensive Care Unit
ID	Infectious Diseases
IDSI	Infections Disease Society of Ireland
iGAS	Invasive group A streptococcal infection
IHA	Integrated Health Area
IIOP	Irish Institute of Pharmacy
IIPW	International Infection Prevention Week
iNAP	Ireland's National Action Plan
IPC	Infection Prevention and Control
IPCN	Infection Protection Control Network
IPU	Irish Pharmacy Union
ISCM	Irish Society of Clinical Microbiologists
IV	Intravenous
KPIs	Key Performance Indicators
MDROs	Multidrug-Resistant Organisms
NALA	National Adult Literacy Agency
NCEC	National Clinical Effectiveness Committee
NCG	National Clinical Guideline
NDTP	National Doctors Training Programme
NIO	National Immunisation Office
No.	Number
NCSICS	National clinical surveillance infection control system
NOCA	National Office of Clinical Audit
NHPO	National Health Protection Office
NI	Northern Ireland
NIIS	National immunisation information system
NMBI	Nursing and Midwifery Board
NMPDU	Nursing and Midwifery Planning and Development Units
NPEC	National Perinatal Epidemiology Centre
NQPS	National Quality and Patient Safety
NSP	National Service Plan
NSS	National Services and Schemes
NWIHP	National Women and Infants Health Programme
ONMSD	Office of Nursing and Midwifery Services Director
OCIMS	Outbreak, Case, Incident Management and Surveillance
OOH	Out of Hours
OPAT	Outpatient parenteral antimicrobial therapy
QPS	Quality, Patient, Safety
PAMS-net	Pharmacist antimicrobial stewardship network
PCRS	Primary Care Reimbursement Service
PMO	Programme Management Office
POCT	Point of Care Testing
PPS	Point Prevalence Survey
PPE	Personal Protective Equipment
PSI	Pharmaceutical Society of Ireland
PVC	Peripheral Venous Catheter
(R)	Resource
RCF	Residential Care Facilities
Ref	Reference
REOs	Regional Executive Officers
S. aureus	*Staphylococcus aureus*
SAP	Surgical Antibiotic Prophylaxis
SLAs	Service Level Agreements
SLT	Senior Leadership Team
SRE	Serious reportable events
SSI	Surgical Site Infection
T&T	Technology and Transformation
TULSA	An Ghníomhaireacht um Leanaí agus an Teaghlach, Child and Family Agency
UN	United Nations
UTI	Urinary Tract Infection
WAAW	World AMR Awareness Week
WHO	World Health Organization
WHHD	World Hand Hygiene Day
WTE	Whole time equivalent

Appendix 2 - Key concepts and definitions

What is 'One Health'?

The 'One Health' concept promotes a "whole of society" approach, which recognises that the health of people is connected to the health of animals and the environment. The goal of the 'One Health' concept is to encourage multidisciplinary collaborative efforts across different sectors such as health, agriculture and the environment to achieve the best health outcomes for people and animals.

What are HCAIs?

A healthcare-associated infection (HCAI) is an infection that is acquired after contact with the healthcare services. This is most frequently after treatment in a hospital, but can also happen after treatment in outpatient clinics, nursing homes and other healthcare settings. Healthcare-associated infections that are picked up in hospital are also known as "hospital-acquired infections".

The 5 most common HCAIs are:

- Surgical site infection.
- Pneumonia.
- Urinary tract infection.
- Bloodstream infection.
- Gastroenteritis (such as *Clostridioides difficile* or norovirus (vomiting bug)).

What is IPC?

IPC is a collection of practices, resources and specialist support that together help to prevent infections and minimise their impact when they do occur. IPC practices are of critical importance in protecting the function of healthcare services and mitigating the impact on vulnerable populations. IPC has been a feature of modern healthcare delivery for some time and has been successful in reducing and controlling HCAIs. This includes the 5 common HCAIs listed above including infections caused by antimicrobial-resistant organisms such as methicillin-resistant *Staphylococcus aureus* (MRSA), and carbapenemase-producing Enterobacterales (CPE). IPC and AMS are also effective in controlling *Clostridioides difficile* infection. The foundation of IPC is the skill, care and commitment of the individual health and care workers who provide hands on care supported by clear governance, appropriate facilities, and specialist IPC support. IPC works within the context of the overall public health response to the control of infection. In the context of pandemic infection, this interrelationship is particularly important.

What is AMR?

Antimicrobials are medicines used to treat infections or disease, and are essential in both human and animal health. Antimicrobial resistance occurs when an antimicrobial that was previously effective, becomes less effective or is no longer effective to treat an infection or disease caused by a microorganism.

The development of resistance is a natural phenomenon that will inevitably occur when antimicrobials are used to treat disease. The problem, at present, is that the sheer volume of antimicrobials being used globally in humans, animals and in other situations is leading to significant increases in the rate of development of resistance. The result is that common infections are more difficult to treat and microorganisms that are resistant to many antimicrobials, so called 'superbugs', are now common in many countries.

What is the difference between antibiotic and antimicrobial?

In technical terms, antibiotics are a particular category of antimicrobial agent. In practice, the term antibiotic is often used to refer to all antimicrobial agents active against bacteria. The term antimicrobial also encompasses agents active against other microbes including parasites such as those that cause malaria, viruses (such as HIV) and fungi (such as Candida spp. and Aspergillus spp.).

What is AMS?

AMS is a systematic approach to optimising antimicrobial therapy, through a variety of structures and interventions. AMS includes not only limiting inappropriate use but also optimising antimicrobial selection, dosing, route, and duration of therapy to maximise clinical care, while limiting the unintended consequences, such as the emergence of resistance, adverse drug events, and cost.

Appendix 3 - HSE AMRIC action plan 2022-2025 AMRIC – Key achievements

The following section sets out the key achievements in the delivery of the HSE AMRIC action plan over the time period 2022-2025.

Strategic objective 1

- Designed, implemented and evaluated AMRIC communications campaigns for:
  - » International infection prevention week.
  - » European antibiotic awareness day.
  - » WHO hand hygiene day.
  - » HSE winter campaigns.
- Published quarterly RESIST newsletters.
- Engaged with key stakeholders such as HSE national lead on "your voice matters" national patient forum, independent patient safety council and national safety office to inform AMRIC guidelines.
- Engaged with key stakeholders to ensure that AMRIC messaging is consistent with other clinical programme guidelines for example, vaccination, sepsis, OPAT and pathology.
- AMR related messages in print, broadcast and social media, including publications such as: Health Matters, Forum, Ezine, Irish Medical Times and Farmers Journal.
- Developed and promoted campaigns including "Strive for Five" and "Skip the Dip".
- AMRIC team and irish institute of pharmacy (IIOP) have collaborated and developed a pharmacist antimicrobial stewardship network (PAMS-net). The network supports pharmacists across all sectors to promote responsible use of antimicrobials.

Strategic objective 2

- Developed AMRIC work programme on SSI surveillance, initial programme of surveillance for infections related to surgery for hip fracture with expansion to caesarean section related infections underway.
- Sustained improvement demonstrated in the prescribing of green (preferred) antibiotics in community settings.
- Implementing a phased roll-out of NCSICS in acute and community settings to provide integrated IPC and AMS. University Hospital Kerry now live on system, with plan underway across South West region.
- HSE strategy for laboratory services for 2025-2029 published.
- Monthly national performance reporting of HCAIs in HSE acute hospitals, this includes NSP and balanced scorecard reporting and national CPE reference laboratory data.
- Provided AMRIC input and Irish data to national, European and global surveys/surveillance networks:
  - » HPSC annual report on national surveillance systems (EARS-NET; EU CDI surveillance network (ESCDI); ESAC-NET).
  - » HPSC enhanced surveillance of *C. difficile* infection.
  - » HPSC hand hygiene compliance audit in acute hospitals.
  - » HPSC enhanced CPE and novel rare AMR organisms.
  - » ECDC European surveillance of antimicrobial consumption (ESAC-NET) community and acute reports.
  - » ECDC PPS of healthcare-associated infections and antimicrobial use in European acute care hospitals – 2022-2023.

Strategic objective 3

- Annual national vaccine campaigns for primary childhood immunisation, respiratory syncytial virus, COVID-19 and influenza vaccine delivered. These programmes are ongoing throughout the year, with some for example influenza vaccine being seasonal programmes. Efforts are made to promote high uptake for all programmes, with particular focus on staff uptake and immunisation for vulnerable groups.
- Annual IPC minor capital programme established, delivered and monitored in acute (€4m) and community (€2m) with additional minor capital allocated to support priority AMRIC minor capital projects.

- AMRIC provided specialist IPC input to the design of major capital projects for example surgical hubs, elective hospitals, standardised accommodation group and provided AMRIC input to DOH design guide for long-term residential care settings for older people.
- Implemented the HSE community IPC strategy including HSE IPC link practitioner programme, Skip The Dip for UTIs over 65s and training for homecare support workers and private disability providers.
- Established IV care teams in 8 hospitals and commenced evaluation of hospital sites where IV care teams are in place.
- Established professional networks which address AMRIC issues and provide opportunities for shared learning and support including IPCN forum, AMRIC Micro and ID consultant forum, PAMS-net, SSI nursing forum, IV care team forum, epidemiology and surveillance forum, IPC/AMS networks across acute and community services.
- Delivered AMRIC site visit programme (37 healthcare site visits) across acute and community services.

Strategic objective 4

- Developed and published to **www.antibioticprescribing.ie** over 185 antibiotic prescribing guidelines for community and hospital settings these have been supported by over 50 educational podcasts and other resources for example updated mouse mat.
- AMRIC 2024 acute hospital antimicrobial PPS published.
- The HSE GP OOH antimicrobial prescribing project is being designed and delivered in partnership with HSE T&T and HSE GP OOH, an electronic antibiotic tool has been designed aligned to AMRIC antimicrobial community guidelines. This project is being implemented on a phased basis.
- HPRA continues to enhance communication with HSE AMRIC via early notifications of potential and actual shortages of antimicrobial medicines.
- HPRA via the medicine shortages multistakeholder framework engages with marketing authorisation stakeholders for alternative medicines supply to ensure that patient impact is mitigated. HPRA has published a 2 year review of shortages which includes strategies to prevent shortages from occurring, involving everyone in the medicine chain and health system.
- Engaged with key stakeholders to highlight antimicrobial supply vulnerabilities and propose potential solutions for example medicines management programme and Irish College of GPs (ICGP).
- Promoted AMRIC guidelines and best practice across all services, in particular with those involved in the delivery of services. This is to ensure a greater understanding of and commitment to IPC and AMS. Developed and disseminated HSE AMRIC partner packs as part of EAAD, IIPW and World Hand Hygiene awareness week.

Strategic objective 5

- Established *C. difficile* reference laboratory.
- Established collaboratives with CPE and *C. difficile* reference laboratories.
- Presented Irish data at national, European and global fora for example EU commission health security committee, WHO, ECDC etc.
- Promoted AMRIC guidelines and best practice with those involved in the management and delivery of services to ensure improved patient outcomes.
- Developed and published and promoted AMRIC 100 IPC guidelines aligned to NCG No. 30 IPC, supported by over 40 educational webinars and 21 eLearning programmes.
- Engaged with AMRIC stakeholders in guideline development including subject matter experts, relevant organisations, and patient advocacy groups in IPC guideline development.
- Provided IPC and AMS expert advice:
  - » HSE incident management teams for example invasive group A streptococcal infection (iGAS), Mpox, measles, *Shigella*, hepatitis B.
  - » At European level such as ECDC advisory group on doxycycline for post exposure prophylaxis (DoxyPEP).
  - » DOH emerging threats and HSE pandemic planning.

Appendix 4 - Actions, deliverables and timeframes

The following section sets out each of the iNAP3 strategic objectives and iNAP activities, which are relevant to the HSE. Each table is set out as follows:

Ref.	this sets out the HSE activity numbers in response to iNAP3.
iNAP3 activity	this sets out the iNAP3 strategic objectives activities.
HSE lead(s) and stakeholders	this sets out the HSE lead(s) and stakeholders responsible and involved in the planning, implementation and review of the HSE action(s).
HSE actions	this sets out the HSE action(s) in response to the iNAP3 activity.
Timeline	this sets out the timeline to achieve the HSE action(s).
Deliverable	this sets out the deliverable, aligned to the HSE action(s).

Strategic objective 1: improve awareness and empower behaviour change to reduce antimicrobial resistance

1.1 improve public awareness

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
1	Further develop and evolve communications activities to support AMR, AMS and IPC key messages, targeted to the audience.	AMRIC team; HSE Communications; REOs	Develop an annual AMRIC communications plan for 2026–2030. Publish quarterly RESIST newsletters to provide AMS/IPC updates and news to professional audiences. Enhance and expand AMRIC awareness campaigns using the RESIST brand.	2026 - 2030	Annual AMRIC communications plan including annual awareness programmes: EAAD, IIPW, and WHHD. RESIST newsletter published quarterly. AMRIC patient-facing information available to patients in multiple settings, for example GP surgeries, dental offices and pharmacies.
2	Continue to carry out regular surveys to assess knowledge, beliefs and attitudes of the general public (for example, Healthy Ireland Survey), and healthcare professionals, about antibiotic use, AMR and IPC.	AMRIC team; HSE Communications Stakeholders: DOH	Input to the design of DOH surveys/ consultations. Use findings from the surveys/ consultations to inform development of guidelines, training materials and future communications campaigns. Incorporate shared learning from patient stories/experiences into educational programmes.	2026 - 2030	More targeted surveys/consultations. More targeted content such as guidelines, education and messages that meets the needs of users.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
3	Organise a public information campaign to raise awareness of AMR and undertake an assessment of its impact.	AMRIC team; HSE Communications Stakeholders: DOH; DAFM; DCEE	Engage with One Health partners to explore opportunities for collaboration on IPC and AMS initiatives. Input to a cross-sectoral public information communications campaign. Develop communication strategies for general public related to green/red antibiotics, so public are empowered when attending healthcare and receiving treatments. Ensure AMRIC resources support health literacy and increased awareness of AMR with the general public and in line with NALA guidelines.	2026 - 2030	AMR and IPC public-facing information. Communication strategy to inform the general public on green/red antibiotics.
4	Undertake further work to capture patients' and staff stories relating to their experience of AMR and IPC.	AMRIC team; HSE Communications Stakeholders: Patient Partners; Health and care staff	Engage with DOH on patient and staff stories to capture their experiences of AMR and IPC to improve patient and staff safety.	2026 - 2027	Written, audio and/or video accounts of patient and staff stories that inform and motivate those who lead and implement change.
5	Explore opportunities for all-island collaboration initiatives in human health.	AMRIC team; HSE Communications Stakeholders: DOH; Public Health Agency Northern Ireland	Partner with Northern Ireland to explore opportunities for collaboration on IPC, AMS and AMR initiatives. Deliver an all-island IPC and AMS communications campaign.	2026 - 2030	All-island initiatives.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
6	Leverage the HSE Health App as it develops to raise awareness of AMR with the general public.	AMRIC team; Technology and Transformation; HSE Communications Stakeholders: Patient Partners	Expand and include IPC, AMR and AMS topics on HSE health app. Support the general public to be empowered regarding their own care through inclusion of their antibiotic history by way of the "my medicines list" in the HSE health app.	2026 - 2030	Ensure the app is current and up to date with IPC, AMR and AMS information. Promote the importance of IPC, AMR and AMS with the public to increase awareness through digital platforms. More informed and empowered general public.

1.2 enhance education and training of professionals across the 3 sectors

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
7	Develop and promote: • HSE expert staff as spokespersons on AMR and IPC. • All HSE staff as advocates on AMR and IPC. • AMR, IPC and AMS education to One Health professionals.	AMRIC team; HSE Communications; REOs Stakeholders: Undergraduate Training Programmes; Postgraduate Training Programmes; Professional Bodies; DCEE; DAFM; DOH	Develop and provide access to media training and/or communication materials for IPC and AMS senior leaders. Provide AMRIC expertise to act as spokespersons on IPC and AMS matters nationally and regionally. Develop and promote AMRIC training and supportive materials to all staff to develop a call to action that IPC and AMR/AMS is everyone's business. Develop AMRIC related content for delivery as part of undergraduate and postgraduate training programmes, such as eLearning, supportive materials and guidelines.	2026 - 2030	AMRIC related messages in print, broadcast and social media. AMRIC related messages delivered by senior HSE spokespersons. Call to action – IPC and AMR/AMS is everyone's business. Consistent and standardised IPC and AMS education in undergraduate and postgraduate training programmes.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
8	Promote AMR, IPC and AMS messaging with health stakeholders, academics, professional organisations and researchers, so these organisations, their teams and individual practitioners become "ambassadors" for AMR to the general public and their membership.	AMRIC team; REOs Stakeholders: HEIs; Postgraduate Training Programmes; Professional Bodies; ONMSD; National Health and Social Care Professions Office; NDTP	Promote the role of all health and care workers in antimicrobial stewardship. Develop and publish AMRIC resources that will empower health and care workers to be "ambassadors" for key AMRIC messages. Empower all health and care workers to become "ambassadors" for the key messages related to appropriate antibiotic use, to the public and to their colleagues supported by AMRIC education materials.	2026 - 2030	AMRIC education and training materials to support appropriate antibiotic use. Call to action – IPC and AMR/AMS is everyone's business.
9	Encourage the participation of GPs, pharmacists, registered nurses, registered midwives and other healthcare staff in continuous professional development and education on AMR, IPC and AMS through promotion of resources and increased awareness.	AMRIC team Stakeholders: Postgraduate Training Programmes; Professional Bodies; ONMSD; National Health and Social Care Professions Office; NDTP	Provide relevant professional bodies with AMRIC materials to support CPD and education on AMR, IPC and AMS.	2026 - 2030	CPD material updated with best practice in AMR, IPC and AMS.
10	Encourage participation in professional networks and communities of practice related to AMR and IPC, formally and informally, specialist and generalist for healthcare professionals (for example PAMS-Net)	AMRIC team	Build and support professional networks and communities of practice, which promote and support IPC and AMS best practice and shared learning.	2026 - 2030	AMRIC fora and communities of practice to include: IPCN forum, epidemiology and surveillance forum, IV care forum, SSI surveillance forum, PAMS-Net etc.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
11	Develop IPC clinical practice guidelines, update, review, and implement in a timely way informed by NCG No. 30 Infection Prevention Control, international and national evidence, best practice and learning from outbreaks and public health emergencies.	AMRIC team; REOs Stakeholders: DOH; Patient Partners; Private Providers; NHPO	Develop and publish AMRIC IPC guidelines to improve patient outcomes and promote patient and staff safety. Incorporate and promote NCG No. 30 Infection Prevention Control into IPC guidelines. Implement NCG No. 30 Infection Prevention Control. Engage with stakeholders to ensure AMRIC guidelines incorporate staff and patient experience. Implement AMRIC guidelines in a timely and effective manner including winter preparedness. Target clinical healthcare site visits to support acute and community IPC and AMS issues/risks and inform learning for best practice in guideline development. Enhance AMRIC guideline development capacity to ensure timely response for AMRIC guidelines. **(R)** Review publication platform to enhance usability and promote best practice in IPC. Develop opportunities for IPC education for example microlearning/ simulation. **(R)** Evaluate AMRIC patient information leaflets to inform quality improvement. Review and consider the findings of HIQA reports and provide targeted support to address identified non-compliances.	2026 - 2030	Robust and responsive IPC guidelines. Concise reports on visits. IPC guidelines in accessible formats. User-friendly AMRIC related content. Improved compliance with national standards for prevention and control of HCAI in acute and community services.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
12	Update clinical guidance on methicillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* as HSE AMRIC clinical guidelines.	AMRIC team; REOs Stakeholders: DOH; Patient Partners; Private Providers; NHPO	Publish MRSA and *C. difficile* clinical guidelines in collaboration with stakeholders.	2027	Publication of MRSA and *C. difficile* clinical guidelines.
13	Develop AMS clinical practice guidelines, update, review, and implement these guidelines in a timely way informed by international and national evidence, best practice and learning.	AMRIC team; REOs; National Clinical Programmes Stakeholders: DOH; Patient Partners; Private Providers; NHPO	Develop and publish AMRIC AMS guidelines to improve patient outcomes and promote appropriate antimicrobial treatment. Engage with stakeholders to ensure AMRIC guidelines incorporates staff and patient experience. Implement AMRIC guidelines in a timely and effective manner. Enhance AMRIC guideline development capacity to ensure timely response for AMRIC guidelines. Ensure specialist advice to all content review groups informing guidelines on **www.antibioticprescribing.ie** to promote integrated approach to AMS across the healthcare system (One Health) for example clinical programmes, surgery, ED and paediatrics. Develop opportunities for AMR and AMS education for example micro-learning.	2026 - 2030	Robust and responsive AMS guidelines. AMS guidelines in accessible formats. Peer reviewed robust antimicrobial prescribing guidelines.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
14	Support pandemic preparedness response through development of IPC and AMS clinical practice guidelines to new and emerging pathogens.	AMRIC team; REOs; National Clinical Programmes Stakeholders: DOH; Patient Partners; Private Providers; NHPO; HCIDs	Develop and publish robust and responsive guidelines to new and emerging pathogens informed by international and national evidence, best practice and learning. Input to pandemic preparedness response in the domain of IPC and AMS. Provide specialist IPC and AMS input to high consequence infectious disease units' (HCID) response to emerging threats. Input to HSE incident management teams in the domain of IPC and AMS.	2026 - 2030	IPC and AMS guidelines for new and emerging pathogens. HCID guidelines incorporating best practice in IPC and AMS and educational materials.
15	Develop AMR relevant simulation training for example challenging consultations, IV line care.	AMRIC team	Explore innovative ways of engaging stakeholders in AMS/IPC simulation training.	2026 - 2027	Improved consultations in the context of IPC/AMS.

1.3 promote education on AMR and IPC practices in communities (across the life course)

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
16	Work with educational stakeholders to promote learning on AMR and IPC for schools and educational institutions in order to promote and sustain good behaviours with respect to AMR and IPC.	AMRIC team; REOs Stakeholders: DOH; DEY; Undergraduate training programmes; Postgraduate training programmes; ONMSD; National health and Social Care Professions Office; NDTP	Engage with the DEY to promote a health education programme that aims to promote positive behavioural change amongst children and young people to support IPC, and appropriate antimicrobial treatments in primary and post primary settings. **(R)** Make available best practice AMRIC materials to support AMR, IPC and AMS education. Engage with HEIs and post-graduate bodies for healthcare training to promote AMR, AMS and IPC within their training programmes using standardised AMRIC materials. Include in regional HEIs SLAs the requirement for AMR, IPC and AMS training and education as core competencies.	2026 - 2030	IPC/AMS behavioural change programme in children and young people. AMR, IPC and AMS education is standardised and best practice. Suite of IPC/AMS materials suitable for use in undergraduate and postgraduate training programmes.
17	Engage with relevant bodies on the inclusion of AMR, and IPC to the curriculum and/or as an extra-curricular module for both primary and secondary schools.	HSE Stakeholders: DOH	Engage with the DEY for the inclusion of AMR, AMS and IPC as an extra-curricular module for both primary and post primary settings. **(R)**	2026 - 2030	IPC/AMS behavioural change programme in children and young people included in curricula.
18	Explore opportunities for collaborative AMR, IPC and AMS initiatives in early education settings.	AMRIC team Stakeholders: DEY; Tusla; early education settings	Engage with the DEY to promote an AMR, IPC and AMS education programme that aims to promote positive behavioural change in creches and early education settings (staff and families). **(R)**	2026 - 2030	Pilot behavioural change programme in early education settings.

1.4 communicate for and empower behavioural change

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
19	Progress findings of the DOH study 'Changing Behaviour: Reducing Unnecessary Antimicrobial Prescribing in the Community'.	AMRIC team; HSE Communications Stakeholders: DOH	Use behavioural change approaches and concepts to develop public and staff facing information.	2026 - 2030	Reduced volume of antimicrobial prescribing.
20	Share key public health messages to empower the general public to manage minor illness and infections with appropriate treatment.	AMRIC team; HSE Communications Stakeholders: PSI; ICGP	Use behavioural change approaches and concepts to develop public facing information to support the appropriate self-management of minor illnesses. **(R)** Use behavioural change approaches and concepts to develop staff resources to empower the public with appropriate self-management of minor illnesses for example CHESTSSS Project (Concerns, History/ Examination, Expectations, Symptoms explanation, Timeline, Shortcomings of antibiotics, Self-care, Safety-netting).	2026 - 2030	Public-facing awareness materials informed by behavioural change psychology. Staff-facing materials informed by behavioural change psychology.
21	Scope and pilot a self-auditing framework covering prescription of antimicrobials and antimicrobial stewardship for dentists.	Oral Health office; REOs Stakeholders: PCRS; DOH	In line with the work of the Oral Health office scope a self-auditing framework covering prescription of antimicrobials and antimicrobial stewardship for all registered dentists. In line with the work of the Oral Health office pilot a self-auditing framework covering prescription of antimicrobials and antimicrobial stewardship for all registered dentists.	2028 - 2030	Self-auditing framework for AMS.

Strategic objective 2: enhance surveillance of antibiotic resistance and antibiotic use

2.1 develop and enhance AMR surveillance infrastructure

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
22	Establish a national system for continuous and enhanced monitoring of HCAIs in ICUs.	AMRIC team; REOs; BIU Stakeholders: ECDC	Monitor and report incidence of ICU-onset *S. aureus* blood stream infection, ICU-onset *C. difficile* infection. Explore monitoring of other infection presenting in ICU. Deliver quality improvement programmes to reduce HCAIs in ICUs.	2026 - 2030	Reporting of incidence of ICU-onset *S. aureus* blood stream infection, ICU-onset *C. difficile* infection and other ICU-onset infections, where appropriate. Regional/local quality improvement programmes to reduce HCAIs in intensive care units.
23	Establish a national system for continuous and enhanced monitoring of Healthcare associated infections (HCAIs) in surgical site infections.	AMRIC team; REOs Stakeholders: NOCA; ICGP; NHPO/HPSC; NPEC; BIU	Develop national surveillance system for collection of SSIs data supported by appropriate governance. Monitor and report incidence of SSIs in line with national SSI surveillance programme. Develop a feedback process to support quality improvement initiatives. Reporting risk-adjusted SSI rates to support SSI surveillance programme. Expand SSI surveillance programme in line with highest risk or burden to include but not limited to prosthetic hip surgery related infection and caesarean section. **(R)** Evaluate the SSI surveillance programme. Implement the position statement on duration of surgical antibiotic prophylaxis (SAP).	2026 - 2030 2027	National datasets for surveillance of select SSI. SSI surveillance programme. Feedback process to support regional/ local quality improvement projects. Robust SSI surveillance. Compliance with SAP position statement.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
24	Develop and implement systems and processes to provide more timely collation, and frequent reporting of key antimicrobial routine resistance data from microbiology laboratories including public and private laboratories built on the existing EARS-Net process.	NHPO/HPSC; REOs Stakeholders: AMRIC team	Develop processes to support improved timeliness of reporting on antimicrobial routine resistance data (8 pathogens, EARS-Net) from microbiology laboratories. **(R)**	2026 - 2030	Submission of Irish data for (8 pathogens, EARS-Net). Key surveillance reports available (one quarter in arrears).
25	In line with the HSE Strategic Plan for Laboratory Services 2026-2035 enhance laboratory diagnostic organisation and capacity to support improved detection of infection and AMR.	Laboratory Services Reform Programme	In line with the HSE strategic plan for laboratory services 2026-2035, implement postgraduate training programme for medical scientists. In line with the HSE strategic plan for laboratory services 2026-2035, enhance national reference laboratory capacity and bid for EU reference laboratory service. In line with the HSE strategic plan for laboratory services 2026-2035, develop a HSE central laboratory campus.	2026 - 2030	Postgraduate training programme for medical scientists. Integrated HSE reference laboratory service.
26	In line with the HSE Strategic Plan for Laboratory Services 2026-2035, develop an integrated and comprehensive human health microbiology reference laboratory service that encompasses services for key antimicrobial resistance issues, including periodic structured national surveillance studies of antimicrobial resistance in key organisms.	Laboratory Services Reform Programme	Integrate and expand existing reference laboratories to develop an integrated clinical national reference laboratory service (CNRLS).	2026 - 2030	Integrated CNRLS.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
27	Enhance AMR, IPC and AMS data inputs, systems and infrastructure.	AMRIC team; PCRS Stakeholders: IPU	Expand and integrate AMRIC epidemiological systems infrastructure to enhance data analytics capacity. **(R)** Explore inclusion of additional pathogens in national HCAI surveillance for example carbapenem-resistant *Klebsiella pneumoniae* and carbapenem-resistant *Acinetobacter baumannii*; third generation cephalosporin-resistant *Escherichia coli*; carbapenem-resistant *Pseudomonas aeruginosa.* Enhance integrated data collection and reporting for *C. difficile*. Enhance data collection and reporting for AMS for example duration of antibiotic treatment for specific infections in collaboration with stakeholders. Progress AMS community pharmacy dispensed reporting to enable detailed tracking and analysis of antimicrobial use, facilitating targeted interventions and stewardship efforts with initial pilot. **(R)**	2026 - 2030	Enhanced systems and infrastructure capacity. Enhanced HCAI surveillance data. Enhanced AMS surveillance data.
28	Develop a policy framework within which the HSE can work with private healthcare providers on surveillance.	AMRIC team Stakeholders: DOH	IPC and AMS input to policy development to deliver a framework within which the HSE can work with private healthcare providers on surveillance.	2028 - 2029	HSE public private framework which supports private healthcare data surveillance.

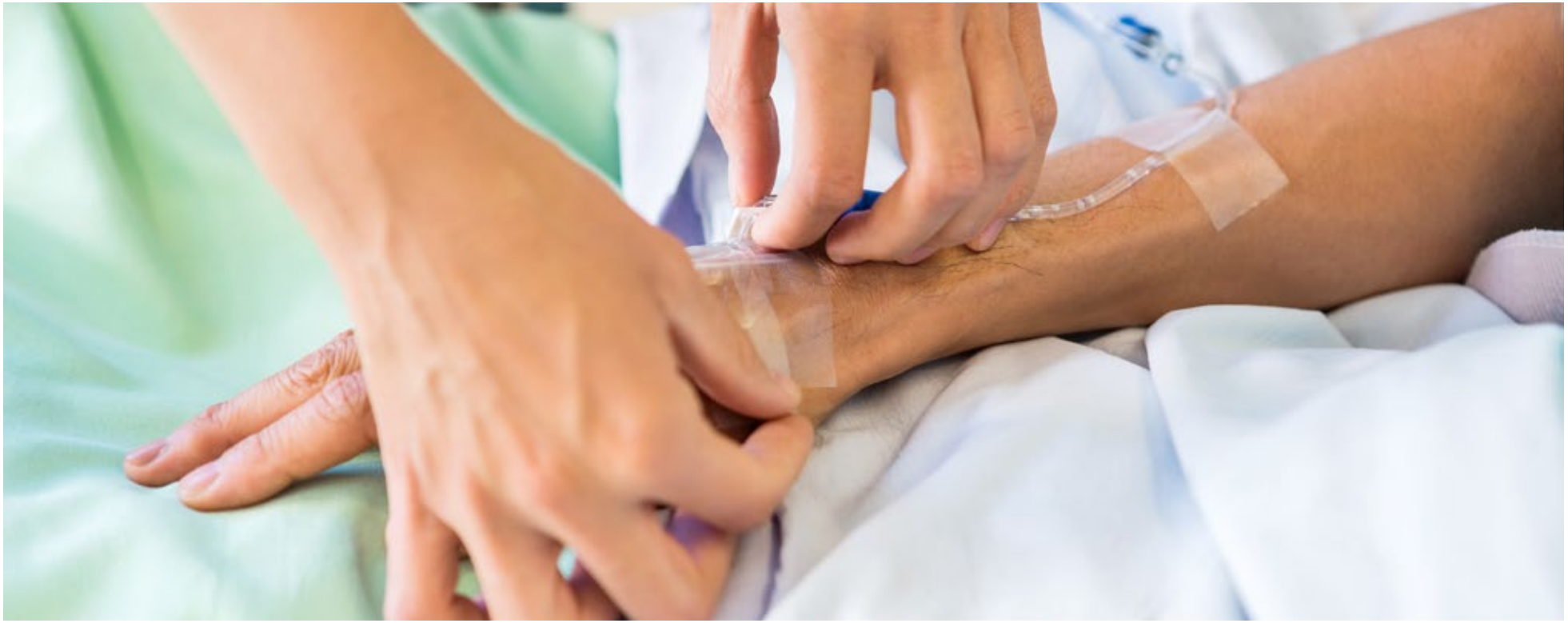
2.2 monitoring antimicrobial use and consumption

Ref.	iNAP3 activity	HSE lead(s) and stakeholders	HSE Actions	Timeline	Deliverable
29	Establish a national system for monitoring of common community-acquired infections to include Urinary Tract Infection (UTI) in collaboration with GPs.	NHPO/HPSC; AMRIC Team; REOs Stakeholders: ICGP	Develop a national system for monitoring, reviewing, submission of data and provide feedback on levels of antibiotic resistance in the community in common community acquired infection for example UTI. **(R)** Enhance community RCF HCAI dataset to include bacteraemia; Gram-negative bacteria; *Escherichia coli; Pseudomonas aeruginosa*; Klebsiella species; *Staphylococcus aureus* (meticillin-resistant *S. aureus*/MRSA and meticillin-susceptible *S. aureus*/ MSSA). Develop a feedback process to support quality improvement initiatives.	2026 - 2030	A national process to capture and report representative data on antimicrobial resistance in *E. coli* associated with community UTI. Enhanced reporting of community RCF HCAI dataset. Feedback process to support regional/ local quality improvement projects.
30	Scope and extend provision of antibiotic prescribing data at prescriber and service levels across settings to provide direct prescriber feedback, inform behavioural change and support extension of best practice projects.	AMRIC team; REOs Stakeholders: PCRS	Provide prescriber level feedback reports on antimicrobial prescribing to support incremental quality improvement and behavioural change. Support appropriate prescribing of antimicrobials in all settings (acute hospital and community).	2026 - 2030	Reduce the total consumption of antimicrobials. Reduce the use of broad-spectrum antimicrobials (acute hospitals: red and amber; community: red) in preference for narrower spectrum antimicrobials (green).
31	Improve surveillance, collection, analysis, timely reporting and feedback of antimicrobial consumption data across key settings, broadly built around the WHO AWaRe classification including general practice, long-term residential care facilities and dental services.	NHPO/HPSC; AMRIC team Stakeholders: PCRS; Oral Health office	Improve the collection, reporting, analysis, and feedback to prescribers of antimicrobial consumption data in collaboration with stakeholders to inform quality improvements for example dental services, community inpatient facilities. **(R)**	2026 - 2030	Enhanced antimicrobial consumption surveillance dataset.

Ref.	iNAP3 activity	HSE lead(s) and stakeholders	HSE Actions	Timeline	Deliverable
32	Develop and improve national and European prevalence studies of antimicrobial prescribing in acute hospital and long-term residential care facilities.	NHPO/HPSC; AMRIC team; REOs Stakeholders: ECDC; WHO; DOH	Support participation of Irish healthcare facilities in national and European studies/PPS's. Explore addition of further private hospitals to HCAI and antimicrobial consumption reporting. **(R)** Provide timely reporting of national data with targeted recommendations. Deliver quality improvement programmes based on recommendations.	2026 - 2030	Enhanced datasets and Irish submission to European PPS's. Key surveillance reports available: HPSC annual report on national surveillance systems (EARS-Net). HPSC enhanced surveillance of *C. difficile* (bi-annually). HPSC report on invasive *S. aureus* infections (annual). HPSC enhanced surveillance of CPE (annual). Summary report on CPE in Ireland (monthly). (ESAC-NET) community and acute reports. HAI-net PPS point prevalence survey in European acute care hospitals. Healthcare-associated infections in long-term care facilities project (HALT) PPS. Monitoring of HCAI/AMR/Antibiotic Consumption in HSE older persons facilities (monthly). AMRIC hospital antimicrobial PPS (annual). ECDC HCAI AMS PPS.

2.3 collaboration and partnerships (data sharing communications)

Ref.	iNAP3 activity	HSE lead(s) and stakeholders	HSE actions	Timeline	Deliverable
33	Collaborate with EU partners on AMR surveillance.	AMRIC team; NHPO/HPSC Stakeholders: WHO; ECDC; DOH	Provide Irish data for EU surveillance and surveys.	2026-2030	Health data for EU surveillance.
34	Participate in the WHO Global Antimicrobial Resistance Surveillance System (GLASS).	NHPO/HPSC; AMRIC team Stakeholders: DOH	Provide Irish data for submission to WHO global antimicrobial resistance surveillance system (GLASS)	2026-2030	Irish submission to WHO GLASS.



Strategic objective 3: reduce the spread of infection and disease

3.1 strengthen IPC in healthcare facilities

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
35	Ensure IPC best practice requirements are embedded in new capital building projects, capital refurbishment projects and minor capital projects, including IPC consideration of minimising transmission risk.	AMRIC team; Capital and Estates; REOs	Develop and publish updates to AMRIC guideline "infection control guiding principles for buildings, acute hospitals and community settings" in line with best practice and support implementation. Regional/IHA integration between estates and IPC teams to deliver and provide specialist IPC advice on major/minor/refurbishment capital projects, informed by national AMRIC guidelines. Expand AMRIC minor capital allocations to mitigate IPC patient safety risks. **(R)** Approve and monitor AMRIC minor capital allocations on an annual basis to mitigate IPC patient safety risks. Deliver annual AMRIC minor capital projects.	2026 - 2030	Best practice and timely IPC guideline for infrastructure projects. Regional/IHA specialist IPC advice input to major/minor/refurbishment capital projects. Increased annual budget to support priority AMRIC minor capital projects. Annual budget to support priority AMRIC minor capital projects.
36	Include IPC considerations as part of the prioritisation process for investment in capital projects.	AMRIC team; Capital and Estates	Contribute expert IPC advice to national HSE Capital and Estates to inform the prioritisation of capital projects that identify and address IPC high-risk issues.	2026 - 2030	IPC criteria to inform prioritisation and investment in capital projects.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
37	Review and evaluate current and potential approaches to reduce infections associated with Peripheral and Central Venous Catheter Related Infection, including the development and implementation of guidance on prevention of infection.	AMRIC team; REOs Stakeholders: ONMSD; Patient Partners	Implement the procedure for prevention of peripheral and central venous catheter related infections to inform quality improvement. Review and evaluate the procedure for prevention of peripheral and central venous catheter related infections and associated eLearning course. Monitor device-related *S. aureus* blood stream infection. Support roll-out of IV care teams for all model 4 hospitals. **(R)** Support roll-out of IV care teams for all model 3 hospitals. **(R)** Implement recommendations of IV care team project evaluation. Explore expansion of role and scope of IV care teams to include other devices. **(R)** Review and evaluation of IV care team impact on the reduction of infections associated with vascular access devices including peripheral and central venous catheter related infections. Enhance IV care team forum to share learning and experience.	2026 - 2030	Guidelines and supporting materials. Compliance with procedure for prevention of peripheral and central venous catheter related infections. Report on impact of implementation of IV care teams. Improved reporting and data collection processes of device-related *S. aureus* blood stream infection. Reduction in the incidence of hospital-acquired *S. aureus* blood stream infection. Expansion of IV care team service to respond to service needs. Shared learning to inform quality improvement.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
38	Improve practice on incident reviews of key healthcare associated infections and reporting in line with best practice in incident management.	AMRIC team; REOs; QPS	Update HSE serious reportable events review process in relation to IPC and AMS. Monitor, review and feedback on IPC serious incidents to inform learning and improve patient safety.	2026 - 2030	User-friendly serious incident processes specifically suited for IPC.

3.2 enhance health promotion and disease prevention in communities

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
39	Promote best practice in IPC as homecare services develop, including guidance, education and advice.	AMRIC team; REOs Stakeholders: DOH; Patient Partners; Private Providers; OPAT; NHPO	Develop and review AMRIC guidelines to support safe delivery of services provided in a person's home, in collaboration with key stakeholders including patients and their families and/or their representatives for example personal care services, outpatient parenteral antibiotic therapy (OPAT), community intervention teams (CIT), home care packages, home dialysis and community radiology service. Collaborate regionally with homecare services (HSE and private providers) to deliver standardised IPC and AMS training and education. Collaboration between AMRIC and OPAT programme to embed good AMS practice in OPAT services. AMRIC support of national OPAT programme, recognising the importance of good AMS practice and reducing HAI during inpatient stay.	2026 - 2030	Evidence-based and timely IPC and AMS guidelines and training materials for home care settings. Training programmes aligned to AMRIC educational materials and guidelines.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
40	In line with the National Sexual Health Strategy 2025-2035 promote the appropriate use of IPC and AMS guidelines.	Sexual Health Programme	In line with the national sexual health strategy 2025-2035 provide specialist IPC and AMS input to sexual health services and promotion.	2026 - 2030	Sexual health service that incorporates best practice in IPC and AMS.
41	Support actions to address AMR as outlined in the WHO Global Oral Health Action Plan (GOHAP) 2023-2030.	Oral Health Office; REOs Stakeholders: PCRS; DOH	In line with the work of the Oral Health office support actions to address AMR as outlined in the WHO global oral health action plan (GOHAP) for all registered dentists. In line with the work of the Oral Health office implement actions to address AMR as outlined in the WHO GOHAP for all registered dentists.	2026 - 2030	Improved AMS prescribing in dental services.

3.3 optimise the use of vaccines

Ref.	iNAP3 activity	HSE lead(s) and stakeholders	HSE Actions	Timeline	Deliverable
42	Promote vaccination as a means of preventing and limiting infection in line with the National Immunisation Office Strategic Plan 2024-2027.	National Immunisation Office	In line with the national immunisation office strategic plan 2024-2027 (and subsequent plans) deliver national immunisation programmes.	2026 - 2030	High vaccine uptake and reduced incidence of vaccine-preventable disease. Improve uptake of childhood, schools and adult vaccination programmes.
43	Increase promotion of health and social care worker vaccination as a means of preventing and limiting infection.	National Immunisation Office; HR; REOs	Plan and deliver national health and social care worker vaccination programmes. Promote and enhance vaccine uptake among health and care workers for the vaccines they are recommended to receive.	2026 - 2030	High vaccine uptake. Improved uptake of health and social care worker vaccination for the vaccines they are recommended to receive.

Ref.	iNAP3 activity	HSE lead(s) and stakeholders	HSE Actions	Timeline	Deliverable
44	Work in collaboration with all stakeholders on the roll-out of the National Immunisation Information System (NIIS).	National Immunisation Office; Technology and Transformation; REOs	Work in collaboration with all stakeholders on the roll-out of the national immunisation information system (NIIS).	2026 - 2030	NIIS implemented.
45	Collaborate and partnership with stakeholders, to achieve equity in the delivery of immunisation programmes and maximise uptake.	National Immunisation Office; HR; REOs	In line with the national immunisation office strategic plan 2024-2027 (and subsequent plans) plan and deliver national immunisation programmes in collaboration with stakeholders.	2026 - 2030	High vaccine uptake.

3.5 strengthen environmental waste management

Ref.	iNAP3 activity	HSE lead(s) and stakeholders	HSE Actions	Timeline	Deliverable
46	Implement the HSEs Climate Action Strategy 2023-2050 through promotion of appropriate use and disposal of single use items and antimicrobials and other biocidal agents.	AMRIC team; HSE climate and sustainability programme	Promote appropriate use and disposal of single use items in line with IPC/AMS guidelines for example PPE and consumables. Promote appropriate disposal of antimicrobials and biocides. Contribute to One Health public-facing communications campaign with regards to disposal of unused antimicrobials.	2026 - 2030	Appropriate disposal of antimicrobials and biocides. Appropriate use and disposal of single use items.
47	Facilitate the roll out, and promote the use of an unused medicines return and disposal scheme for the safe disposal of medicines for members of the public in community pharmacies.	AMRIC team Stakeholders: HSE climate and sustainability programme; DOH	Support the roll-out of an unused medicines return and disposal scheme. Promote with the general public the roll-out, of an unused medicines return and disposal scheme for the safe disposal of medicines in community pharmacies.	2026 - 2030	Unused antimicrobial medicines return and disposal scheme.

Strategic objective 4: optimise the use of antibiotics in human and animal health

4.1 support coordination for antimicrobial stewardship and optimal use

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
48	Contribute to the development of and implementation of electronic prescribing throughout the healthcare system, in order to support antimicrobial stewardship and audit.	Technology and Transformation; AMRIC team	Ensure that AMS requirements are built into electronic prescribing systems design. Input to the design of electronic systems and reporting to support diagnostic stewardship and its implications for AMS.	2026 - 2030	Best-practice AMS data requirements incorporated into ePrescribing systems and software developments. Diagnostic ordering and reporting that is supportive of AMS.
49	Contribute to the development of eHealth systems (such as the Electronic Health Record) and implementation of Medical Laboratory systems to ensure they support AMR, IPC and AMS.	Technology and Transformation; AMRIC team; REOs	Provide specialist AMR, AMS and IPC input to the design and planning of eHealth systems such as the health app, EHR, medical laboratory system, OCIMs, ePrescribing etc. to support best practice in AMS and IPC patient care and reporting of IPC and AMS data to deliver better patient outcomes. Implement NCSICS. Deliver NCSICS audit pilot project. Enhance NCSICS with additional modules and increased national reporting capability. **(R)** Develop data governance structures to ensure the NCSICS supports antimicrobial stewardship and associated decision making.	2026 - 2030	IPC data requirements incorporated into systems and software developments. Integrated NCSICS implemented regionally. NCSICS audit pilot project to inform quality improvements. Enhanced system with additional functionality through additional module implementation for example outbreak management and AMS. Robust data governance structures at regional level.

4.2 optimise access to effective medicines and diagnostics

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
50	Review availability of POCT technologies in Ireland with a view to exploring a pilot for POCT testing in GP practices.	AMRIC team Stakeholders: HIQA; DOH; ICGP	Provide IPC and AMS input into the review of the availability of POCT technologies in Ireland. Explore a pilot for POCT testing in GP practices.	2027-2028	Report on availability of POCT technologies in Ireland. POCT pilot in GP practices.
51	Continue to proactively communicate with HSE around the availability and supply of antimicrobial medicines, including early alerts, by using and continually improving the communication and management tools for medicine shortages.	Access and Integration Drug Management Programme; AMRIC team Stakeholders: Medicines Management Programme; PCRS; HPRA; IIOP; PAMS-net; ICGP; ISCM; IDSI	Provide specialist input about appropriate management of shortages in collaboration with the HPRA. Enhance communication processes on shortages to prescribers and provide alternative prescribing options to achieve best patient outcomes.	2026 - 2030	Improved communication and management of antimicrobial medicines shortages.
52	Continue to support and implement tools, such as the medicines shortages multi stakeholder framework, to safeguard supplies of critical antimicrobials for patients with high clinical needs.	AMRIC team Stakeholders: HPRA; DOH; HERA	Promote the importance of equity of access to antibiotics at all levels of the health system. Input to the development of medicines shortages multi stakeholder framework, to safeguard supplies of critical antimicrobials for patients with high clinical needs.	2026 - 2030	Improved communication and management of critical antimicrobials for patients with high clinical needs.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
53	Highlight the strategic vulnerability of antimicrobials when production is restricted to few/one manufacturer, and subject to potential shocks on the global supply chain.	AMRIC team Stakeholders: HPRA; DOH; HERA	Escalate risks of vulnerable antimicrobial supply chains appropriately. Input to international fora for example HERA to ensure Irish antimicrobials supply is inputted to European frameworks.	2026 - 2030	Greater awareness of vulnerability of antimicrobial supply and improved contingency processes for management of supply challenges.

4.3 promote optimal use of antimicrobials

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
54	Further develop and enhance **www.antibioticprescribing.ie** as a national platform to support appropriate prescribing. Update platform to enhance usability and promote best practice in antimicrobial prescribing.	AMRIC team Stakeholders: Technology and Transformation	Enhance **www.antibioticprescribing.ie** in collaboration with stakeholders to support better navigation and access to best practice in antimicrobial prescribing. Develop sustainable digital support for **www.antibioticprescribing.ie**	2026 - 2030	Easily accessible digitally enabled user-friendly guidelines. Responsive support on antimicrobial prescribing queries. Robust platform to support antimicrobial prescribing guidelines.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
55	Provide access to support for individual prescribers to audit their prescribing; which may include tools and education.	AMRIC team; REOs Stakeholders: PCRS	Develop and implement audit tools and educational materials to support appropriate antibiotic prescribing for all prescribers for example advanced nurse practitioners and nurse prescribers. Implement digital platforms to support audit, which is user-friendly, and informs quality improvement. Enhance engagements between community antimicrobial pharmacists and community prescribers to support improved antibiotic prescribing including the shift from red to green antibiotic prescribing and overall reduction in consumption. Support ongoing monitoring, evaluation and prescriber-level feedback for the common conditions service in community pharmacy.	2026 - 2030	Antibiotic prescribing audit tools and support materials. Digitally enabled user friendly audit tools. AMS engagement, shared learning, and support at local level.
56	Implement GP out of hours antimicrobial prescribing project to all HSE GP out of hours services.	AMRIC team; Technology & Transformation; REOs Stakeholders: ICGP	Implement HSE GP OOH antimicrobial prescribing project to all HSE GP OOH services. **(R)** Review and evaluate HSE GP OOH antimicrobial prescribing project.	2026 - 2030	Appropriate antibiotic prescribing in HSE GP OOH cooperative settings. National AMS surveillance in HSE GP OOH settings.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
57	Promote the appropriate use of IPC and AMS guidelines in line with the work of the Women's health taskforce and relevant Clinical Programmes including but not limited to National Women and Infants Health Programme (NWIHP), Urology and Surgery Programmes.	AMRIC team; National Clinical Programmes Stakeholders: Women's Health Taskforce	Improve women's health outcomes and experiences of healthcare by providing IPC and AMS input to guidelines in partnership with programmes such as national women and infants health programme (NWIHP), urology and surgery.	2026 - 2030	IPC and AMS best practice input provided.
58	Explore and promote alternatives to prescribing with behavioural support strategies.	AMRIC team; HSE Communications Stakeholders: DOH; ICGP; PSI; IPU	Explore behavioural change psychology and training with partners to promote alternatives to prescribing such as expiry of all antimicrobial prescriptions and supporting prescribers to ask whether to prescribe versus what to prescribe. **(R)** Promote delayed antibiotic prescribing strategies and develop education and training. Promote self-care for self-limiting infections and supporting material. Create patient-facing material to address patient expectation of antibiotics. **(R)**	2026 - 2030	Behavioural change strategies informing awareness campaigns. Behavioural change pilot informing future behavioural change strategies.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
59	Explore inclusion of prescriber level reporting and submission of dispensed data in GP and Pharmacy contracts.	AMRIC team; NSS Stakeholders: DOH	Input to DOH policy to support appropriate antimicrobials prescribing in GP and pharmacy contracts. Utilise community pharmacy agreement 2025 medicines optimisation fund to support AMS related initiatives. Explore pilot incentivisation schemes to support appropriate prescribing and reporting (subject to policy agreement). **(R)**	2026 - 2030	Updated GP and pharmacy contracts. Appropriate antimicrobial prescribing.
60	Explore population antimicrobial prescribing reporting in day time GP services.	AMRIC team; REOs; NSS Stakeholders: ICGP; representative bodies	Explore and design software adaptations to enable extraction from GP software systems of pre-defined reports in collaboration with approved GP software providers to provide real-time prescribing data for full population. **(R)**	2026 - 2030	Upgraded GP software to provide individual prescriber data.

4.4 promoting cross-sectoral collaboration and partnerships

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
61	Collaborate with relevant specialist Clinical Programmes and bodies (for example RCPI and RCSI) to ensure that IPC and AMS best practice is incorporated into their models of care/clinical guidance for example sepsis, infectious disease, women's health and sexual health.	AMRIC team; National Clinical Programmes Stakeholders: Professional Bodies	Provide IPC and AMS input to national clinical programmes and bodies to ensure that IPC and AMS best practice is incorporated into their models of care/clinical guidelines for example sepsis, infectious disease, women's health, sexual health and palliative medicine.	2026 - 2030	IPC and AMS best-practice input to models of care and guidelines.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
62	Engage with private residential care providers to implement AMS, AMR and IPC Guidelines and associated metrics.	AMRIC team; REOs Stakeholders: DOH; Patient Partners; Private Providers; NHPO	Implement IPC and AMS guidelines in private residential settings. **(R)** Provide AMRIC resources to private residential care providers including AMRIC IPC and AMS guidelines, education and resource materials for example patient information leaflets. Explore with private residential care providers AMS, AMR and IPC data submission.	2026 - 2030	Improved IPC and AMS compliance in private residential services.
63	Promote the appropriate use of IPC and AMS guidelines in line with the NCG No. 26 on sepsis management for adults, including maternity care.	Sepsis Programme	In line with NCG No. 26 on sepsis management for adults including maternity care, provide specialist IPC and AMS input to sepsis guidelines.	2026 - 2030	Sepsis management that incorporates best practice in IPC and AMS.
64	Collaborate with patient partners to ensure that patient and family experiences inform IPC and AMS best practice.	AMRIC team; REOs Stakeholders: Patient Partners; HSE patient and service user engagement	Collaborate with patient advocacy and representative groups to ensure the patient experience and voice informs the development and updating of AMR/IPC and AMS guidelines. Collaborate with patient partners to ensure the patient experience and voice informs the delivery of the HSE AMRIC action plan 2026–2030. Regional/IHA integration between regional patient councils to ensure the patient experience and voice informs regional/local quality improvement initiatives.	2026 - 2030	Patient-centred and patient safety focused guidelines. Regional/IHA specialist patient experience input to regional/local quality improvement initiatives.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
65	Enhance collaboration and promote community of practice across all health and social care services.	AMRIC team; REOs Stakeholders: ONMSD; Patient Partners	Expand the IPC and AMS link practitioner programme to other community settings and HSE acute hospitals. **(R)** Evaluate IPC and AMS link practitioner programme. Expand hand hygiene train the trainer programme to community settings and HSE acute hospitals. **(R)** Review national hand hygiene lead auditor training programme across all services. Enhance national hand hygiene lead auditor training programme across all services. Enhance and strengthen hand hygiene data collection and audit processes across all healthcare services. Develop robust national indicators on hand hygiene compliance. Enhance surveillance to minimise transmission risks for example monitoring quality of environmental cleaning.	2026 - 2030	eLearning programme for all providers. Improved access to hand hygiene training. Improved hand hygiene data reporting.

Strategic objective 5: promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions

5.2 enhance operational and systems research

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
66	Facilitate, where appropriate, research in new medicines, diagnostic tools, vaccines and other interventions; across acute, general practice, dental and community care settings.	AMRIC team Stakeholders: One Health Thematic Network; HRB; Undergraduate Training Programmes; Postgraduate Training Programmes; HIQA	Collaborate with One Health thematic network group to prioritise research projects on the development of supports and tools to mitigate IPC, AMS and AMR risks and share learning.	2026 - 2030	HSE support for research partners.
67	Assess the role of healthcare infrastructure in potential environmental transmission of multidrug-resistant infection (for example, via infection reservoirs), including consideration of clinically and cost-effective management options.	AMRIC team Stakeholders: One Health Thematic Network; HRB; Undergraduate Training Programmes; Postgraduate Training Programmes; HIQA	Prioritise with the One Health thematic network research/ systematic review to determine the role and burden of environmental issues including healthcare infrastructure with transmission of HCAIs. Build on existing wastewater surveillance work to evaluate AMR and antibiotic burden in the environment. Prioritise with the One Health thematic network research/ systematic review to determine the role and burden of foodborne antibiotic resistant pathogens and their impact on human health.	2026 - 2030	HSE support for systematic review on the role of healthcare infrastructure in potential environmental transmission. Provision of AMR human health expertise to existing wastewater surveillance work.

5.3 strengthen collaborations in AMR research

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
68	Support research aligned with the WHO global research agenda for AMR in human health to inform the design, implementation and evaluation of new AMR and IPC policies and interventions including infrastructure, behaviour change, psychology, engineering, diagnostics stewardship, artificial intelligence (AI) and machine learning.	AMRIC team; NHPO/HPSC Stakeholders: DOH; HRB	Facilitate research projects on the development of supports and tools to mitigate IPC, AMS and AMR risks and share learning for example infrastructure, behavioural change psychology, engineering, diagnostics stewardship, AI and machine learning, optimising the electronic health record for IPC and AMS. Facilitate and recognise the importance of research in areas of IPC, AMR and AMS. Develop AMRIC criteria for the prioritisation of support for strong grant proposals which identify and address AMR/IPC and AMS in line with the HSE AMRIC action plan 2026–2030.	2026 - 2030	HSE support for research partners to develop and implement research proposals in AMR and infection control.

5.4 routinely evaluate effectiveness of AMR interventions

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
69	Review the evidence base for behavioural change initiatives to promote optimal antimicrobial prescribing and reduce antimicrobial consumption.	AMRIC team; HSE Communications Stakeholders: Research partners; DOH	In collaboration with research partners, support evidence-based reviews on behavioural change initiatives to determine shifts in antibiotic prescribing and consumption.	2026 - 2030	Evidence-based reviews on behavioural change initiatives.

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
70	Pilot and roll out the tool to collect a core data set of costs attributable to outbreaks including those related to AMR at a point in time within the acute sector.	AMRIC team Stakeholders: HIQA	Support HIQA by providing specialist IPC, AMS and AMR advice and expertise on the collection of operational costs attributable to AMR.	2026 - 2030	HSE support development and pilot of easy-to-use data collection tool.
71	Undertake Health Technology Assessment(s) on AMR and IPC and/or HCAI-related topics as may be identified by DOH and the HSE. In particular consider developments in POCT technologies.	AMRIC team Stakeholders: DOH	Provide input to HTAs on IPC, AMS and AMR as identified by DOH, consider developments in POCT technologies.	2026 - 2030	HTAs on AMR, AMS and IPC.
72	Promote a culture of continuous monitoring, audit methodologies and other mechanisms in line with the "Framework for improving quality in our health service" to support AMR and IPC and inform continuous quality improvement.	AMRIC team; NQPS; REOs	In line with the "Framework for improving quality in our health service" develop and implement quality improvement projects/ programmes related to IPC, AMR and AMS and promote sharing and dissemination of lessons learned. **(R)**	2026 - 2030	Quality improvement programmes focusing on improving patient and staff safety by reducing the incidence of infection.

Strategic objective 6: strengthen multisectoral governance, sustainability, and accountability for a coordinated AMR response across all sectors and at all levels

6.1 governance and co-ordination

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
73	Develop and implement the HSE AMRIC action plan 2026–2030.	AMRIC team; NPHO/HPSC; REOs Stakeholders: Partners for example, Patient Representatives; Professional Bodies; Education Partners; Government and One Health Partners; ECDC and WHO	Collaborate with all stakeholders including patient partners to develop and publish the HSE AMRIC action plan 2026-2030. Implement on a phased basis the HSE AMRIC action plan 2026-2030 in collaboration with all stakeholders. Monitor and review HSE AMRIC action plan 2026-2030 in line with governance and accountability requirements. Develop and monitor regional AMRIC action plan using national template (Appendix 10). Familiarise all staff with the HSE AMRIC action plan 2026-2030 and relevant regional AMRIC action plans.	2026 - 2030	HSE AMRIC action plan 2026-2030. HSE AMR, IPC and AMS programme of work delivered nationally and regionally. Publish HSE AMRIC action plan annual report. Regional AMRIC action plans. Increased awareness of AMR, IPC and AMS.

6.2 sustainability and equity

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
74	Build capacity, in line with best practice model, to ensure recruitment and retention of skilled integrated IPC and AMS staff across the multi-disciplinary team.	AMRIC team; REOs Stakeholders: DOH; HSE Finance and People	Provide and update periodically the HSE resource model for IPC and AMS staff to inform service delivery at regional level (see Appendix 9). Use the HSE resource model for IPC and AMS staff to inform service delivery at regional level and resource requirements as part of estimates/funding submissions.	2026 - 2030	Clear and up to date definition of staffing requirements for AMS and IPC services at regional level. Estimates funding submissions.
75	Conduct Mid Term Review of the workforce plan, in line with the policy approach in place at the time of the review.	AMRIC team; REOs Stakeholders: DOH; HSE Finance and People	Undertake an interim review of existing staffing resources as proposed by the updated AMRIC staff resource model to inform service delivery at national and regional level.	2028	National and regional capacity for AMRIC services optimised for the funding secured.

6.3 accountability

Ref.	iNAP3 activity	HSE Lead(s) and Stakeholders	HSE Actions	Timeline	Deliverable
76	Ensure AMR and IPC indicators are captured and aligned to the Health Systems Performance Assessment Framework as it continues to develop.	AMRIC team; NHPO/HPSC Stakeholders: DOH	Improve timeliness of reporting of AMRIC indicators aligned to the health systems performance assessment framework.	2026 - 2030	Suite of agreed AMRIC KPIs aligned to health systems performance assessment framework.

Appendix 5 – One Health actions

A number of One Health actions have been agreed as part of iNAP3 which span the human health, animal health, and environment sectors.

Reference	Action	Status
OH-01	One Health: continue to provide leadership for the One Health approach to AMR by hosting and providing secretariat to the interdepartmental AMR consultative committee.	Ongoing
OH-02	One Health: participate in the One Health network on AMR hosted by the European commission.	Ongoing
OH-03	One Health: engage with, support, and provide expertise for One Health country monitoring visits, as provided by the European commission and ECDC.	Ongoing
OH-04	One Health: strengthen co-operation with Northern Ireland on AMR policy.	Ongoing
OH-05	One Health: collaborate with UK and international stakeholders and organisations to promote the One Health approach to AMR.	Ongoing
OH-06	One Health: communication • One Health: expand collaboration in communication activities between different sectors to promote One Health communications on AMR, including the use of the EAAD and the WAAW platforms to communicate and promote One Health messages on prudent use of antibiotics and AMR across sectors. • Continuing to promote and build upon the single webpage for AMR policy, **www.gov.ie/amr**. • Support traditional and social media to provide public messaging on AMR and disease prevention.	Ongoing
OH-07	One Health: • Promote One Health approach in education on AMR. • Engage with HEIs to explore mandatory inclusion of AMR as a core competency on undergraduate, postgraduate and internships programs.	Ongoing 2027
OH-08	One Health surveillance report: • Maintain the inter-sectoral process and governance for the One Health surveillance report. • Publish the One Health surveillance report on a biennial basis.	Ongoing
OH-09	One Health: share learning and best practice in prescribing, AMS and AMR across the One Health sectors.	Ongoing
OH-10	One Health: promote research addressing AMR using a One Health approach through research partners to fill research gaps.	Ongoing
OH-11	One Health: support the European joint action on antimicrobial resistance and HCAIs (EU JAMRAI2) project.	2028

Appendix 6 - Measures

Measure	Unit of measurement	2025 Projected Out-Turn	2026 Target	2030 Target
Hospital-associated *Clostridioides difficile* infection: Rate of new cases of hospital-associated *C. difficile* infection	Number of new cases per 10,000 bed days used	2.4	<2.0	<1.9
Hospital-acquired *Staphylococcus aureus* bloodstream infection: Rate of new cases of hospital-acquired. *S. aureus* bloodstream infection	Number of new cases per 10,000 bed days used	0.7	<0.7	<0.6
Community consumption of antibiotics*: Consumption of antibiotics in community settings based on wholesaler to community pharmacy sales – not prescription level data (defined daily doses per 1,000 population per day)	Defined daily doses per 1,000 population per day	21.0	<20.0	<14.9
Acute consumption of antibiotics*: Consumption of antibiotics in acute settings based on hospital submitted consumption data (defined daily doses per 100 bed days used)	Defined daily doses per 100 bed days used	78.4 (2024 data)	<77.0	<70.0
Compliance with surgical antibiotic prophylaxis duration position statement (as per the annual antimicrobial point prevalence study)	% surgical antibiotic prophylaxis with duration >24 hours	26% (2024 data)	25%	21%
General Practice prescription of antibiotics: Proportion of antibiotics prescribed (and paid for by PCRS) in general practice that were “red” antibiotics	% of prescriptions that were "red” antibiotics	30%	29%	25%
General Practice prescription of antibiotics: Consumption rate of antibiotics in general practice (paid for by PCRS)	Number of antibiotic prescriptions per 100 GMS patients	154	145	109
WHO Access group of antibiotics*: Proportion of total antibiotic consumption in humans that belongs to the Access group of antibiotics (as defined in the AWaRe classification of the WHO)	% of total antibiotic consumption that was from Access group	75.1% (2023 ECDC data)	At least 65%	At least 65%

*Measures related to EU Council 2030 targets:

- In 2023, the EU Council outlined targets related to antimicrobial consumption and antimicrobial resistance to be reached by 2030, using 2019 rates as a baseline. Ireland's 2030 target is to reduce by 27% the total consumption of antibiotics in humans. Whereas the ECDC measures combined consumption, HSE measures consumption separately for the community and acute setting and therefore 2 separate targets are required.
  - » The 2030 HSE targets for the community consumption and acute consumption of antibiotics are based on achieving a combined 27% reduction of the annual rates reported in 2019 by HPSC, with the community consumption 2030 target at a 28.8% decrease and the acute consumption target at an 8.5% decrease.
  - » Community consumption accounts for approximately 90% of antibiotic consumption in human health in Ireland, with acute consumption accounting for approximately 10%. Based on this the major focus of the work on consumption reduction needs to be targeted in the community settings.
- By 2030, the EU aims for at least 65% of total antibiotic consumption in humans to belong to the access group of antibiotics in every member state.
  - » ECDC reported that Ireland has already met this target with an access group proportion of 75.1% in 2023. HSE added this measure to the action plan to ensure maintenance of this target and strive for continued progress in quality prescribing.

Appendix 7 – National Service Plan

The table below sets out the AMRIC key performance indicators (KPIs) in the HSE National Service Plan.

2025 AMRIC NSP Balance Score Card – KPIs

Key Performance Indicators	Reporting Period	NSP target 2025
Healthcare Associated Infections Medication Management		
Consumption of antibiotics in community settings (defined daily doses per 1,000 population) based on wholesaler to community pharmacy sales – not prescription level data	Q	<21.0
Healthcare Associated Infections (HCAI)		
Rate of new cases of hospital-acquired *S. aureus* bloodstream infection	M	<0.7/10,000 bed days used
Rate of new cases of hospital-associated *C. difficile* infection	M	<2.0/10,000 bed days used
No. of new cases of CPE	M	N/A
% of acute hospitals implementing the HSE Reserve Antimicrobials Policy	Q	100%

Q=Quarterly; M=Monthly

Awaiting publication of 2026 national service plan at time of print.

Appendix 8 – Stakeholders and development of HSE AMRIC action plan 2026-2030

The methodology for the development and agreement of HSE AMRIC action plan 2026-2030 was as follows:

- In Q1 2025 a review of the HSE AMRIC action plan 2022-2025, was undertaken, this review included identification of actions complete, in progress or in exception reporting.
- A desk top review of international action plans was undertaken, this included a review of international action plan metrics.
- AMRIC representation on the iNAP3 working group informed the development of the HSE AMRIC action plan 2026-2030.
- HSE AMRIC team members provided input to the draft actions.
- Stakeholder consultations were conducted and stakeholders were invited to review draft actions aligned to strategic objectives. These engagements took place between June and October 2025. Feedback from these consultations informed the final actions.
- Plan submitted to CCO in October 2025.
- HSE senior leadership team approved the plan in October 2025.
- The document was finalised in advance of the publication and launched, along with iNAP3 in November 2025.

The following sets out the stakeholders relevant to this plan.

1. CEO, HSE SLT, CCO and REOs
2. Access and Integration
3. Access and Integration Drug Management Programme
4. BIU
5. Clinical programmes for example Surgery, ED, Paediatrics, Sepsis, Critical Care, NWHIP
6. Climate and Sustainability Programme
7. Communications
8. DAFM
9. DCEE
10. DEY
11. DOH
12. DOH - NCEC
13. Drugs Policy Unit, DOH
14. ECDC
15. Estates
16. HEIs
17. HERA
18. HCID unit(s)
19. HIQA
20. HPRA
21. HPSC
22. HR
23. HRB
24. HRB CICER
25. HSE Finance and People
26. HSeLanD
27. ICGP
28. IIOP
29. Infectious diseases - IDSI
30. Laboratory Services Reform Programme
31. Medicine Management Programme
32. Microbiology - ISCM,
33. National Immunisation Office
34. National Health and Social Care Professions Office
35. NDTP
36. NMBI
37. NMPDU
38. NOCA
39. NQPS
40. One Health Surveillance Group
41. ONMSD
42. OPAT programme
43. Oral Health office
44. PAMSnet
45. Patients for Patient Safety (pt. reps)
46. PCRS
47. PSI
48. Public Health Agency, NI
49. National Health Protection Office
50. HSE Simulation lead
51. Technology and Transformation (eHealth)
52. TULSA
53. Sexual Health programme
54. WHO

Appendix 9 – HSE resource model for IPC and AMS staff (recommended minimum levels)

In line with activities from HSE AMRIC action plan 2022-2025 a review was conducted of publications on AMS and IPC staffing with the aim of mapping staffing models of IPC teams and AMS teams.

The review identified a relatively large amount of evidence to inform recommended minimum levels of AMS and IPC staffing in hospitals, less evidence was found to inform the same for long-term care facilities at primary care level. There was little evidence to the minimum staffing levels for national IPC and AMS teams. While no systematic appraisal of the evidence was conducted, the observed quality of the evidence was considered low.

Based on the reviewed evidence and practical experience of front-line service delivery, clinical expertise a recommended model setting out minimum levels of AMS and IPC team members is set out below.

	2025 Recommendations		
Role	**Acute**	**Community**	**Integrated**
Infection Prevention and Control Nurse (IPCN)	**IPCN (CNM2/CNS) for Model 2 and 3:** 1 WTE per 100 acute care beds (minimum) **IPCN (CNM2/CNS) for Model 4:** 1.5 WTE per 100 acute care beds (minimum) **ADON:** 1 WTE per Model 3 and 4	**IPCN (CNM2/CNS):** 2.0 WTE per 100,000 population (minimum) **ADON:** 0.5 per IHA	**DON (band 1):** 1.0 WTE per health region (community and acute, public and private)
Antimicrobial Pharmacist (AMP)	**AMP for Model 3:** 1.0 WTE **AMP for Model 4:** 2.0 WTE	**AMP:** 2.0 WTE per IHA (Public and private) (+ contracted GPs)	**AMP (chief 1):** 1.0 WTE per health region (community and acute, public and private)
Consultant - Infection specialist	**Infection specialist for Model 2:** 0.5 WTE dedicated to IPC and AMS **Infection specialist for Model 3:** 1.0 WTE dedicated to IPC and AMS **Infection specialist for Model 4:** 1.5 WTE dedicated to IPC and AMS	---	**Infection specialist:** 0.5 WTE per IHA (community and acute)
Surveillance Scientist/ Epidemiologist	**Surveillance scientist for Model 3:** 0.8 WTE dedicated to IPC and AMS **Surveillance scientist for Model 4:** 1.6 WTE dedicated to IPC and AMS	---	**Epidemiologist:** 0.5 WTE per IHA (community and acute)
IPC/AMS Admin (Grade IV)	**Admin Grade IV per Model 4:** 1.0 WTE **Admin Grade IV per all other Models:** 0.5 WTE	**Admin Grade IV:** 1.0 WTE per IHA	---
IPC/AMS General Manager	---	---	**General Manager:** 1.0 WTE per health region (community and acute)

Please note: grades above are recommended current grades (2025) subject to changes to DOH health sector grades and salary scales, for example Senior Specialist Manager II will replace the current use of General Manager effective date 19th June 2025.

Appendix 10 - Draft regional AMRIC template

Draft template for regional AMRIC plans is set out below this is based on the HSE change guide[9] and can be adapted for local use

Region	[insert region name]	**Regional Executive Officer**	[insert name]
IPC/AMS reporting body	[insert name of regional committee/reporting body for IPC and AMS]		

Strategic objective 1: improve awareness and empower behaviour change to reduce antimicrobial resistance					
Regional Actions	**Action Owner**	**Local Actions**	**Timeframe**	**Dependencies and Resources**	**Status**
Deliver local European Antibiotic Awareness Day (EAAD), International Infection Prevention Week (IIPW), Hand Hygiene communication campaigns supported by AMRIC communication materials – RESIST.					
Implement AMRIC IPC guidelines in a timely and effective manner including winter preparedness and for new and emerging pathogens. Implement NCG No. 30 Infection Prevention Control.					
Implement AMRIC AMS guidelines in a timely and effective manner.					
Provide access to media training supported by AMRIC communication materials for IPC and AMS senior leaders. Provide local AMRIC expertise to act as spokespersons on IPC and AMS matters locally. Promote AMRIC training and eLearning and supportive materials to all staff to develop a call to action that IPC and AMR/AMS is everyone's business.					
Include in regional HEIs SLAs the requirement for AMR, IPC and AMS training and education as core competencies.					
Promote the role of all health and care workers in antimicrobial stewardship. Empower all health and care workers to become "ambassadors" for the key messages related to appropriate antibiotic use, to the public and to their colleagues supported by AMRIC education materials.					
In line with the work of the Oral Health office pilot a self-auditing framework covering prescription of antimicrobials and antimicrobial stewardship for all registered dentists.					

9. **thehttps://www.hse.ie/eng/staff/resources/changeguide**

Strategic objective 2: enhance surveillance of antibiotic resistance and antibiotic use					
Regional Actions	**Action Owner**	**Local Actions**	**Timeframe**	**Dependencies and Resources**	**Status**
Monitor and report incidence of ICU-onset *S. aureus* blood stream infection, ICU-onset *C. difficile* infection. Deliver quality improvement programmes to reduce HCAIs in ICUs.					
Support regional/local quality improvement SSI projects supported by appropriate governance. Monitor and report incidence of SSIs in line with national SSI surveillance programme. Implement the position statement on duration of SAP. Deliver quality improvement programmes to reduce SSIs.					
Support regional collation and data submission for example BIU, CIDR, PPS's and others as required.					
Support appropriate prescribing of antimicrobials in all settings (acute hospital and community) to reduce the use of broad-spectrum antimicrobials (acute hospitals – red and amber; community – red) in preference for narrower spectrum antimicrobials (green).					
Deliver quality improvement programmes based on recommendations from National and European studies/point prevalence studies.					
Strategic objective 3: reduce the spread of infection and disease					
Regional Actions	**Action Owner**	**Local Actions**	**Timeframe**	**Dependencies and Resources**	**Status**
Integration between regional/IHA estates and IPC teams to deliver and provide specialist IPC input on major/minor/refurbishment capital projects, informed by national AMRIC guidelines. Deliver annual AMRIC minor capital projects.					
Implement procedure for prevention of peripheral and central venous catheter related infections to inform quality improvement and education. Roll out IV care teams.					
Monitor, review and feedback on IPC serious incidents to inform learning and improve patient safety.					

Implement AMRIC IPC and AMS guidelines in homecare services. Collaborate with homecare services (HSE and private providers) to deliver standardised IPC and AMS training and education.					
In line with the work of the Oral Health office implement actions to address AMR as outlined in the WHO Global Oral Health Action Plan (GOHAP) for all registered dentists.					
Strategic objective 4: optimise the use of antibiotics in human and animal health					
Regional Actions	**Action Owner**	**Local Actions**	**Timeframe**	**Dependencies and Resources**	**Status**
Implement National Clinical Surveillance Infection Control System (NCSICS).					
Implement AMRIC audit tools and educational materials to support appropriate antibiotic prescribing for all prescribers. Implement digital platforms to support audit, which is user-friendly, and informs quality improvement. Enhance engagements between community antimicrobial pharmacists and community prescribers to support improved antibiotic prescribing including the shift from red to green antibiotic prescribing and overall reduction in consumption.					
Implement HSE GP OOH antimicrobial prescribing project to all HSE GP OOH services.					
Implement AMR, IPC and AMS guidelines in private residential settings.					
Regional/IHA integration between regional patient councils to ensure the patient experience and voice informs regional/local quality improvement initiatives.					
Deliver the IPC, AMS link practitioner programme to other community settings and HSE acute hospitals.					
Deliver hand hygiene train the trainer programme to community settings and HSE acute hospitals. Enhance surveillance to minimise transmission risks for example monitoring quality of environmental cleaning.					

Strategic objective 5: promote research and sustainable investment in new medicines, diagnostic tools, vaccines and other interventions					
Regional Actions	**Action Owner**	**Local Actions**	**Timeframe**	**Dependencies and Resources**	**Status**
Deliver quality improvement projects related to IPC, AMR and AMS and promote sharing and dissemination of lessons learned.					
Strategic objective 6: strengthen multisectoral governance, sustainability, and accountability for a coordinated AMR response across all sectors and at all levels					
Regional Actions	**Action Owner**	**Local Actions**	**Timeframe**	**Dependencies and Resources**	**Status**
Develop and monitor regional AMRIC action plan using national template. Familiarise all staff with the HSE AMRIC action plan 2026-2030 and relevant regional AMRIC action plans.					
Use the HSE resource model for IPC and AMS staff to inform service delivery at regional Level and resource requirements as part of estimates/ funding submissions.					

Appendix 11 - Governance guiding principles

Governance guiding principles for the management and clinical governance for IPC and AMS.

It is acknowledged that the development of regional structures is evolving; the following is reflective of best practice, patient-centred care and aligns with NCG IPC No. 30 and sets out the national guidance for management and clinical governance with respect to IPC and AMS.

To be effective, IPC and AMS must be a priority in every healthcare facility and every healthcare service regardless of where care is delivered – this requires total commitment at every level of the organisation, including:

- Organisational capacity is achieved by having appropriate governance and management structures. Managers need to be aware of the healthcare facility's performance in terms of HCAI and AMR and ensure there are systems in place to support IPC and AMS programmes.
- The principles of clinical governance apply regardless of the setting and all essential roles and responsibilities should be fulfilled.
- There must be adequate resourcing for IPC and AMS.
- Embedding IPC and AMS in governance and management structures.
- Initiating procedures (for example vaccination programmes) and structures (adequate occupational health services) to ensure that health and care workers are protected.
- Instituting processes for surveillance that feed into the overall quality and patient safety programme.
- Implementing systems for ongoing staff education and training.
- Incorporating infection prevention and control into planning for facility design and maintenance.
- In acute hospitals, and other comparable services, this requires dedicated IPC and AMS staff and resources to deliver the IPC and AMS programme including professional development.
- In other services staff should have protected time for their IPC and AMS responsibilities.
- In long-term residential care facilities there should at a minimum be an on-site IPC link practitioner with protected time for their role. It is suggested that that protected time from this role should be no less than one half day per week but much more may be required based on the complexity and scale of service. In any service where an on-site IPC link practitioner is not practical, such as small community housing units and care delivered in the home, a point of contact for IPC advice and support should be identified to all staff.
- All employees should understand their roles and responsibilities and have appropriate training to maintain a work environment that is safe for those who use healthcare services, for themselves and for their colleagues.
- Person-centred healthcare is safer healthcare. The expectations of those who use healthcare services must be considered during the development of plans and programmes of work.

Clinical governance in IPC and AMS

Clinical governance refers to the system by which managers and clinicians in each healthcare facility share responsibility and are held accountable for patient and service user care. This involves minimising risks for those who use healthcare services and staff and continuously monitoring and improving the quality of clinical care. Preventing transmission of infectious microorganisms should be a priority in every healthcare facility.

This will involve actions to:

- Develop and monitor a regional/local plan for IPC and AMS.
- Establish an IPC and AMS committee with input from across the spectrum of clinical services and management, and a mechanism for considering feedback from those who use healthcare services.
- Appoint IPC and AMS professionals and/or IPC link practitioners as appropriate and support their continuing professional development.
- Incorporate IPC and AMS into the objectives of the region/local quality and patient safety and occupational health programmes.
- Provide adequate staff training and protective clothing and equipment and arrange workplace conditions and structures to minimise potential hazards. All health and care workers need to be aware of their individual responsibility for maintaining a safe care environment for those who use healthcare services for themselves and for other staff.

Roles and responsibilities

Management and clinical governance can have a positive impact on the effectiveness of IPC and AMS by driving continuous quality improvement and promoting a non-punitive culture of trust and honesty. It is important that healthcare managers and clinicians effectively collaborate and involve those who use healthcare services as partners in their healthcare in order to effect change and achieve the best possible outcomes. A high-level summary of the roles and responsibilities is set out below, please refer to NCG IPC No. 30 for further detail.

Regional Executive Officer/Chief Executive Officer

The REO/CEO or designated equivalent for the service should support and promote IPC and AMS as an integral part of the organisations culture.

Clinical Director

The Clinical Director or designated equivalent for the service should support and promote IPC and AMS as an integral part of the organisations culture.

IPC and AMS professionals/practitioners

IPC and AMS professionals should have skills, experience and qualifications relevant to their specific clinical setting.

Integrated IPC and AMS committee

A multidisciplinary regional integrated/IHA integrated IPC and AMS committee should review and guide the IPC and AMS plan and programmes. Membership must include, but not be limited to:

- REO/CEO or Chief Operating Officer or equivalent.
- Clinical Director.
- AMRIC Integrated Consultant.
- One or more medical practitioners, including but not limited to Consultant Microbiologist or an Infectious Diseases Physician.
- QPS Lead(s).
- IPC Lead Nurses or equivalent.
- AMS Pharmacy Lead.
- Others as appropriate for example IV Care Team Lead, SSI Lead.

Integrated management reporting structure

It is acknowledged that development of regional structures is evolving; the following is a guiding principle for management and clinical IPC and AMS reporting structure at regional level.

- REO reports to the HSE CEO.
- Regional Clinical Director reports to the REO.
- Regional quality and patient safety structure reports the Regional Clinical Director.
- Regional IPC and AMS management roles should report to the regional quality and patient safety governance structure.

Published by:
Health Service Executive
Dr. Steevens' Hospital, Steevens' Lane, Dublin 8, D08 W2A8
Telephone: 01 6352000 • www.hse.ie

ISBN: 978-1-78602-283-7

Citation text
Health Service Executive (2025)
Health Service Executive AMRIC action plan 2026-2030
Available at **https://bit.ly/AMRactionplan**

In text citation
(Health Service Executive, 2025)

iNAP3
OBAIR LE CHÉILE CHUN ÁBHAIR FHRITHMHIOCRÓBACHA A CHOSAINT DON TODHCHAÍ
WORKING TOGETHER TO PROTECT ANTIMICROBIALS FOR THE FUTURE

Design & Print by Modern Printers Kilkenny 056 7721739