DEADLINES

PUBLICATION OF JPI-EC-AMR TRANSNATIONAL CALL
January 18th, 2017

SUBMISSION DEADLINE FOR PRE-PROPOSALS
March 21st, 2017 (17:00 CET)

FULL PROPOSAL INVITATIONS SEND TO PROJECT COORDINATORS
Mid May 2016

SUBMISSION DEADLINE FOR FULL PROPOSALS
July 6th, 2016 (17:00 CET)

FINAL FUNDING DECISION TO APPLICANTS
October/November 2017

START OF FUNDING
End of 2017/Early 2018

PARTNERS

COUNTRY	ORGANISATION	€	CONTRIB.
Belgium	Fonds voor Wetenschappelijk Onderzoek-Vlaanderen	FWO	€ 0.2 M
Canada	Canadian Institutes of Health Research	CIHR	CAD 3 M
Germany	Bundesministerium für Bildung und Forschung (BMBF) / Deutsches Raumfahrt (DLR) Zentrum für Luft- und	BMBF/ DLR	€ 3 M
Ireland	Health Research Board	HRB	€ 0.3 M
Israel	Chief Scientist Office, Ministry of Health	CSO-MOH	€ 0.5 M
Italy	Ministry of Health	IT-MOH	€ 0.4 M
Latvia	Valsts Izglitibas Attistibas Agentura	VIAA	€ 0.21 M
Netherlands	Zorgonderzoek Nederland	ZON	€ 1 M
Norway	The Research Council of Norway	RCN	€ 1.5 M
Poland	Narodowe Centrum Nauki	NCN	€ 0.5 M
Romania	National Authority for Scientific Research and Innovation	ANCSI	€ 0.25 M
Spain	National Institue of Health Carlos III	ISCIII	€ 0.15 M
Sweden	Swedish Research Council	SRC	€ 1.5 M
Switzerland	Swiss National Science Foundation	SNSF	€ 0.6 M

5TH JPIAMR CALL

JPI-EC-AMR TRANSNATIONAL CALL ON PREVENTION, CONTROL, AND INTERVENTION STRATEGIES FOR AMR INFECTIONS

jpiamr

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JPIAMR
5TH CALL FOR PROPOSALS

Comparison of prevention, control, and intervention strategies for AMR infections through multidisciplinary studies, including One Health approaches.

In order to protect and prolong the usefulness of existing antimicrobials, increasing cross-sectoral efforts are needed to rationalize their use and misuse in human and animal health and food production settings. Key measures to achieve this are to improve existing and implement new evidence-based control, prevention, stewardship and intervention strategies to reduce the risk of acquisition, development and transmission of antibiotic-resistant bacteria and infection caused by these pathogens, in hospitalized patients, outpatients, healthy people, animals and the environment.

Despite significant investments in research and increased knowledge about the development, acquisition, occurrence, and transmission pathways of AMR, little of this research has translated into interventions to significantly improve health care by reducing improper antibiotic usage or infections by resistant microbes.

In summary, controlled integrated studies between human population, health care systems, and agricultural settings, multiple sectors are urgently needed to devise the optimal intervention strategies across diverse cultural settings and heterogeneous systems of human health and animal health and food production.

CALL TOPIC

- One Health oriented pilot studies to determine feasibility and protocols for future large scale multi-center and multi-national studies of different prevention or intervention strategies designed to prevent AMR infections in community, health care, agricultural and environmental settings. The One Health approach is encouraged, but not mandatory.
- Compared effectiveness and economic evaluation of the implementation of new and/or more cost-effective methods for rapid detection and diagnosis of infections by multi-drug resistant microorganisms (MDR) for the purpose of identification of appropriate therapy, transmission routes or early detection of outbreaks in different settings.
- Investigations of efficacy and effectiveness of behavioral intervention strategies, public awareness strategies or other stewardship strategies aiming at reducing the use and misuse of antibiotics and the development and transfer of AMR.
- Assessment of new methods to improve and raise hygiene and sanitation standards to reduce infections in health and care settings.
- Evaluation of the impact of new ways to standardize and utilize antimicrobial use and transmission data on intervention strategies and prevention of antimicrobial resistance.

EXPECTED IMPACT

It is expected that through international collaborations that combine complementary and synergistic research strengths, this JPIAMR call will increase the understanding of prevention, control, stewardship and intervention strategies to prevent development, transmission and infection caused by AMR. Proposals are expected to clearly define targets and milestones to deliver relevant outcomes within the funding period.

ELIGIBILITY

Applicants must adhere to the specific regulations of the national funding organisations. Each transnational consortium submitting a proposal must involve:

- Min three eligible partners from three different countries participating.
- Max six project partners. However, consortia including partners from Latvia, Poland or Romania may increase the total number of partners to 7.
- A maximum of one or two partners from a participating country per project.
- Project participants not eligible to be funded may be involved in projects if they secure their own funding and if their expertise is indispensable for reaching the objectives.
- The consortia should always consist of a majority of funded project participants.
- Project participants not eligible to be funded cannot be consortium coordinators and must accept all JPIAMR rules and guidelines just as funded members.

Project duration may be max 36 months.

SUBMISSION

Submissions of proposals will be in two steps. In both cases, one joint proposal document (in English, and following the provided template) shall be prepared by the project participants of a joint transnational proposal, and must be submitted to the Joint Call Secretariat by the coordinator.
The submission tool is available in the JPIAMR website: **www.jpaimr.eu**