Dear Editor, British Medical Journal

Thank you very much for your kind consideration of our manuscript (Ref. BMJ.2016.035864) and providing us useful comments and suggestions to improve the manuscript.

We have studied your comments and those of the three reviewers carefully and have made modifications in our manuscript. We attached the revised manuscript herewith. In addition, we also respond to your and reviewers’ comments item by item, shown below.

We have worked hard to revise the manuscript and increase the clarity of its language. We hope that the manuscript has been greatly improved and this revision meets with your approval.

Thank you very much again for your review and useful comments.

We await your review of our revised manuscript.

Sincerely yours,

Nithima Sumpradit, PhD
Corresponding author

Responses to Editor

1. You may consider thinking of the following structure as you revise your paper:
   a) Burden of AMR in the country
   b) Reasons for the present scenario/ Drivers for AMR in the country [2 – 3 paras with subheadings, and statements backed by evidence]
   c) Initiatives to tackle AMR [Identify 2-3 initiatives in the country and share objectives, implementation plan and insights on how they will deliver. Discuss gaps in these initiatives and any challenges envisioned in implementation. ]
   d) Recommendations: Provide specific and contextually appropriate recommendations identifying key players that need to be influenced and next actions in the country, and how these recommendations will deliver holistically on AMR). Please give a sense of the priorities - what are the 1-2 most important things for Thailand to implement to address these problems? One of the reviewers (Hanvoravongchai) provides a useful framework to consider as you revise the paper to develop a more reflective approach.

Responses: We agree with your suggestions and make revisions as follows.
   - For Items (a, b), we added the issues of AMR burden, AMR situations and drivers in the session on ‘Burden of AMR in the country’ and Box 1 in the manuscript.
   - For Item (c), we address the initiatives to tackle AMR and the gaps in the session ‘Responses to AMR: a review of past experiences’ and also provide examples/cases of past initiatives in Box 2.
   - For Item (d), under the session “Translating NSP-AMR into actions: intersectoral actions and monitoring” we add the following statements.
     “...Priority activities are, for example, the Prime Minister to appoint the National Committee on AMR as a major governing mechanism for NSP-AMR implementation, strengthening regulations to control antimicrobial distribution for human, animal and agriculture use, and mobilize the Global Antimicrobial Resistance Surveillance System to strengthen the national system on AMR surveillance.”
   - For the comment of reviewers (Hanvoravongchai), please see our response in Response 2.2 in the next session.

2. It is not clear if Thailand is one of the few countries in the region or globally to lead on developing a national action plan. If so, the article may be presented as a model approach and the target audience be identified.
Response: Information about the number of countries already have the national action plan on AMR (NAP-AMR) has yet been confirmed. Currently, WHO/FAO/OIE is conducting a survey on “Global monitoring of country progress on antimicrobial resistance (AMR) using Country self-assessment questionnaire” and asking Member States to respond the questionnaire by Jan 15, 2017. One of the questions is about the availability of national action plan on AMR. Thus, lack of such information we are unable to state if Thailand is one among the leading countries in developing NAP-AMR. However, we would like to share our experiences and lessons. Thus, we revise the objective in the manuscript as follows.

- Old version: This paper aims to describe rationale, context, process and key actors involved in the development of National Strategic Plan on AMR (NSP-AMR), identifies implementation challenges in order to draw lessons for national and international audiences.
- Revised version: This paper draws lessons on how multi-sectoral collaborations are mobilized for NSP-AMR, discusses how NSP-AMR is translated into actions, and identifies potential implementation challenges and solutions. This study provides lessons for national and international audiences on their journeys in addressing AMR.

3. We find the paper too descriptive and lacking depth. We didn’t get a sense of the priorities and challenges, and what needs to happen going forward. It is not enough to set out the policy - there needs to be some element of critique, reflection, and evaluation.

   Response: We agree with your comment. So, we make many major revisions by replacing the session ‘Development of NSP-AMR’ which is very descriptive with these two analytical sessions:
   - ‘Toward a comprehensive strategy on AMR’ which is more analytical and reflective. In this session, we point out four key components that enable us to achieve a comprehensive strategy on AMR than the old version.
   - ‘Translating NSP-AMR into actions: intersectoral actions and monitoring’ which contains a conceptual framework for NSP-AMR implementation, analyze major foreseen implementation challenges and propose potential solutions.

   Please see these two sessions for details.

4. Historical evolution of policy in Thailand may be limited to the box. Box 2 is quite detailed outlining several meetings in the process. A lot of focus is on development of the policy. We wonder if some of the some technical terminology might be simplified or cut down.

   Response: We agree with your suggestion. We deleted the session as it is too descriptive and therefore had limited contributions for the audience. However, we replace it with the revised session. Please see our responses in Item 3.

5. We would like you to expand the section on implementation of NSP and challenges they foresee. They might discuss if similar initiatives have previously been implemented in other countries globally or in the region, and how the Thailand example might serve as a model for the region.

   Response: We agree with your suggestions. Thus, we make two revisions. First, we add a new session ‘Translating NSP-AMR into actions: roles of actions and monitoring’ providing the conceptual framework and potential plans for NSP-AMR implementation and evaluation. Second, we modify the session ‘NSP-AMR implementation: potential challenges and solutions’ to be more reflective and propose potential solutions to address foreseen challenges.

   However, we have yet compare and contrast our implementation experiences with other countries because the NSP-AMR implementation in Thailand is still in at infancy stage. We plan to start the implementation in January 2017 after the National Committee on AMR is appointed and endorsed by the government. So, presently, we are in the preparatory phase.

6. There is little on what the action plan comprises limited to a few bullet points. We would have liked a stronger critique of the highlights and limitations of the plan.

   Response: In order to respond to this comment, we add the new session ‘NSP-AMR implementation: potential challenges and solutions’ In this session, we illustrate 5 major challenges posed to the plan and also propose potential options for action to resolves such challenges. Please see the session ‘NSP-AMR implementation: potential challenges and solutions’ for details.

7. Word limit to 2000

   Response: Agree. Word count 1982, Boxes 4, Figure 1 and References 12.
Responses to Reviewers

Reviewer 1

Comment 1.1: This is an interesting manuscript which details the approach to building the national antibiotic policy of Thailand. While Thailand is in a unique position as a middle income country with an advanced biomedical sector and the current chairmanship of the G77, the manuscript needs to be a bit more generalizable for the international readership of the BMJ. For example, some of the measures need to be viewed in the context of other international approaches including WHO and OIE etc.

Response 1.1: We agree with your comments. Thus, we changed the session ‘Development of the NSP-AMR’ that is very descriptive and lack of depth into the session ‘Toward a comprehensive strategy on AMR’ discussing the results of analysis on what makes a comprehensive strategy on AMR. In this new session, drawn from our hand-on experiences, we propose four key components as success factors contributing to the success of NSP-AMR development. We believe that this new revision is more generalizable and useful for international audience as it contains the interfaces between national actions and international engagement by Thailand to form a comprehensive strategy on AMR. Please see the session ‘Toward a comprehensive strategy on AMR’ for details.

Comment 1.2: There should also be some indication as to whether these approaches are working.

Response 1.2: We acknowledge your comment. However, at present, we are in a preparatory phase for NSP-AMR implementation. We hope that the due process of extensive engagement of and ownership by relevant stakeholders pave a strong foundation towards effective implementation will lead to successful implementation. But, we also aware that there will be implementation gaps (please see the session ‘NSP-AMR implementation: potential challenges and solutions’ between the plan and actual actions. Thus, further research is needed to monitor if the approaches used in NSP development in working.

Comment 1.3: Some details should also be provided on what was already existing in Thailand prior to the implementation of this national policy and some lessons learned from the difficulties in implementing the strategy especially in low and middle income countries would also be helpful.

Response 1.3: We agree with your comments. Thus, we address this issue in the session ‘Response to AMR: a review of past experiences’ and also provide past attempts and initiatives in Box 2. In this session, we discuss about lessons learned e.g., the past attempts failed due to lack of due process of engaging all relevant stakeholders. Please see the session ‘Response to AMR: a review of past experiences’ and Box 2 for details.

Comment 1.4: Conceivably, the key messages could be summarized into a letter highlighting Thailand’s role as chairman of the G77 and the commitment by the government to addressing AMR using a multi-sectoral ground up and top down approach.

Response 1.4: We appreciate your suggestions. So, we add your comments into the Key Messages as follows

- ‘inside-out’ and ‘outside-in’ momentum enables a country to shape global AMR agenda and simultaneously boosts country’s affirmative actions and sustained commitment.
- A multi-sectoral bottom-up and top-down approach widens stakeholders’ engagement and ownership in addressing AMR issues.

Please note that we did not specifically include the G77 role of Thailand in Key Messages (but mentioned in the text) because we would like to have the Key Messages to be generic for the audience to apply into their contexts.

Reviewer 2

Comment 2.1: This is an interesting manuscript about the policy development related to national strategic plan on antimicrobial resistance (AMR) in Thailand. AMR is an important global health concern that requires urgent actions at both global and local level. This manuscript provides interesting and useful experience from Thailand which can be applicable for other countries. The manuscript contains a lot of information about various events and interventions leading to agenda setting and policy adoption. Although informative, it may provide too much detailed information that distract readers and make it difficult to read. I would suggest that the authors be more focus on a few key messages in this article and exclude unnecessary details.

Response 2.1: We agree with your comments. Thus, we replace the session “Development of the NSP-AMR” which is too descriptive with the new session “Toward a comprehensive strategy on AMR” which is more reflective by analyzing and synthesizing the narrative story into four key contributing factors (i.e., knowing the landscape, engaging
stakeholders, getting political support and joining forces with regional and global actors) toward development of NSP-AMR. Please see the session “Toward a comprehensive strategy on AMR” for details.

Comment 2.2: From my understanding, the key contributions of this paper are related to strategy and factors that enable Thailand to develop its national AMR policy/strategy. Instead of presenting the story in chronological order, it would be more interesting to readers if the authors could present this differently. The story could start with the background as is but the following contents could be organised according to key contributing/limiting factors for agenda setting and policy adoption e.g. role of local politics, availability and synthesis of evidence to support local movement, influence of global policy movement, etc. Having a theoretical or conceptual frame to underly the story and shape the analysis will make this manuscript even better.

Response 2.2: We appreciate your suggestions. Thus, we re-organize the story differently to increase the good flow of information without focusing too much detailed information. The paper consists of six sessions as follows. The Sessions 3, 4 and 5 will be the highlights of the paper.

1. Burden of antimicrobial resistance
2. Responses to AMR: a review of past experiences
3. Toward a comprehensive strategy on AMR
   In line with Response 2.1 (above), instead of telling the story (previous version), we analyze the contents and identify four important factors for developing NSP and provide real scenarios to support our analysis.
4. Translating NSP-AMR into actions: role of actions and monitoring
   Following the previous session, this session shows the conceptual framework to illustrate the interlinks from goals to strategies and display the roles/position of local and central partners/actors. In addition, the framework conceptualizes both NSP implementation and evaluation parts together.
5. NSP-AMR implementation: potential challenges and solutions
   This session presents potential lists of foreseen challenges in the implementation process (which will start in Jan 2017) and potential solutions.
6. Conclusions

We hope that this revision is acceptable.

Comment 2.3: I particularly like the "inside-out" and "outside in" story that could be highlighted as one of the key messages of this manuscript. The authors should also consider including a concluding section summarizing key lessons and discussing pitfalls for other countries.

Response 2.3: We appreciate your suggestion. So, we add this idea in the ‘Key messages’ session

- ‘Inside-out’ and ‘outside-in’ momentum enables a country to shape global AMR agenda and simultaneously boosts country’s affirmative actions and sustained commitment.

Reviewer 3

Comment 3.1: Authors have simply reiterated the national plan on antimicrobial resistance (2017-2021) in this manuscript. Analytical part is lacking. The various challenges of implementing national plan and the expected outcome are not discussed.

Response 3.1: We agree with your comment. This comment is similar to the comment of reviewer’s 1 in which we already addressed this issue. Our response is presented as follows.

“...we changed the session ‘Development of the NSP-AMR’ that is very descriptive and lack of depth into the session ‘Toward a comprehensive strategy on AMR’ discussing the results of analysis on what makes a comprehensive strategy on AMR. In this new session, drawn from our hand-on experiences, we propose four key components as success factors contributing to the success of NSP-AMR development. We believe that this new revision is more generalizable and useful for international audience as it contains the interfaces between national actions and international engagement by Thailand to form a comprehensive strategy on AMR. Please see the session ‘Toward a comprehensive strategy on AMR’ for details.”

Comment 3.2: Moreover, the language of this manuscript needs to be improved a lot to increase the readability and understandability of the manuscript by international readers. Manuscript checking by a native English speaker will add value to the article. Need to work on grammar and clarity throughout.

Response 3.2: We have the language checked carefully. Thank you very much for your kind advice.